

Research and Evaluation of Psycho-educational Approaches to Prevention and
Intervention for Marginalised Young People in the Barwon Region of Victoria.

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References

Abstract

This study undertook an evaluation of six alternative education programs provided by St Augustine's Education and Training in the Barwon region of Victoria. The impetus for the study has come from the staff of St Augustine's who bravely opened up their programs to closer scrutiny in order to gain a clearer understanding about the needs of the students attending their programs, the theoretical basis of their work and the outcomes of program intervention. A utilisation-focused approach was used and incorporated the following components: a needs analysis using a variety of measures to identify the characteristics of the students and to describe the experiences of students and parents, a qualitative process to articulate the model of psycho-education intervention and issues in service delivery and an impact evaluation to assess the effectiveness of intervention.

There were 158 students aged between 6 and 15 years enrolled in programs over a two-year period. The results of the needs analysis found that programs were appropriately targeting a marginalised and disadvantaged group of students that typically came from a low socioeconomic background, were significantly behind in their academic achievement, had poor adaptive functioning skills, exhibited a low level of social-emotional development (social-emotional competencies and negative attitudes towards learning) and a high level of psychopathology (mental health symptoms).

Using the Survey of Student Assets (Bernard, 2002), the impact evaluation found that programs were successful in increasing the students' social-emotional capabilities and positive attitudes towards learning but did not impact significantly on the students' presenting mental health symptoms and adaptive functioning as measured by the Teachers Report Form (Achenbach and Rescorla, 2001). However, these results are to be interpreted with caution given the small sample sizes used in the analysis.

Across the six programs it was found that a total of 89 students (56.3%) experienced a positive outcome destination immediately post-program and these students were maintained in, or transitioned back to mainstream school (n=71) or entered vocational training, education or employment (n= 18). Negative outcome destinations were experienced by 35 students (22.1%) either because they were excluded (n=3), not engaged (n= 15) or withdrew from program (n= 17). At the end of the study, the remaining 25 students (15.8%) were either referred internally onto another program

(n=16) or remained in program (n=9). In predicting outcome destinations, students with positive outcomes, were those that presented with less serious mental health symptoms, in particular they had lower rule-breaking and externalising scores on the Teachers Report Form at referral and a higher level of adaptive functioning in the area of 'working hard'. Students experiencing positive outcome destinations were also those that attended program regularly and for a fewer number of months and were involved in fewer critical incidents whilst attending.

The qualitative process evaluation found that the model delivered was grounded in the principles of exemplary practice found in the psycho-educational literature and focused on building positive relationships and a sense of belonging, the provision of hands-on learning activities and rewarding individual achievement. Parents and students generally provided positive feedback however the theme analysis of staff, student and parent interviews and the case study scenarios did identify a number of critical areas to be addressed. These included clarifying the target group and the length and intensity of intervention, improving assessment, planning and transition processes, better collaboration with other services and mainstream schools, the on-site delivery of auxiliary services to meet specific student needs, work to better support and involve parents and to develop a sense of community across the school. A strategic planning process involving key stakeholders to systematically address these areas was recommended.

Statement of Authorship and Ethical Approval

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis by which I have qualified for or been awarded another degree or diploma.

No other person's work has been used without due acknowledgement in the main text of the thesis.

This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

The data used in thesis was collected with permission and support of MacKillop Family Services and St Augustine's Education and Training.

All research procedures reported in this thesis were approved by the Australian Catholic University's Human Research Ethics Committee (Register No. V2000/01-35), the Office of School Education, Department of Education and Training (Application No. SOS002014), The Catholic Education Office, Melbourne (Reference No. GEO2/0009) and the Policy and Programs Committee, MacKillop Family Services (Date: 15.4.2002).

Signed:  (Susan M Green)

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Finally, to all those that might listen, I hope that this thesis makes a small contribution to better understanding and meeting the needs of disadvantaged students and their families who are disenfranchised from mainstream education and a place in modern Australian society. It is important that their voice be heard and that alternative education schools and programs that assist them to participate fully in our society are recognised and more fully developed by Government, the service system and the community.

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List of Abbreviations

ACU	Australian Catholic University
ADHD	Attention Deficit Hyperactivity Disorder
AMHS	Adult Mental Health Services
CAMHS	Child and Adolescent Mental Health Services
CSF	Curriculum and Standards Framework
CEOM	Catholic Education Office Melbourne
DHS	Department of Human Services
DOE	Department of Education
DEET	Department of Education, Employment and Training
DSM-III	Diagnostic and Statistical Manual of Mental Disorders -3 rd Edition
EMU	Education Mobile Unit
FPI	Further program intervention group
NEG	Negative outcome group
POS	Positive outcome group
SSA	Survey of Student Assets
St Augustine's	St Augustine's Education and Training Centre
TCI	Therapeutic Crisis Intervention
TLC	TRIBES Learning Community
TRF	Teacher's Report Form
YEP	Youth Ed-venture Program
YSR	Youth Self Report
WASI	Wechsler Abbreviated Scale of Intelligence
WIAT-II	Wechsler Individual Achievement Test
WISC-R	Wechsler Intelligence Scale for Children- Revised

Chapter 1

Introduction

This study concerns those students under the compulsory school leaving age who are at risk of a poor life course trajectory as a result of not completing school. It examines the effectiveness of alternative education programs in one regional area of Victoria, Australia that are designed to support those students who are at risk of being excluded from school and those that have already become disconnected from school. It is the first study of its kind that has been undertaken in Australia. For those at risk of leaving school, a part-time withdrawal program for both primary and secondary aged students is offered, while for those students who have already left or whose connection to school may be extremely tenuous, part-time and full-time alternatives to mainstream or regular schooling are provided. In the literature, there are numerous descriptions of the different types of alternative programs in operation and various attempts at creating different typologies to categorise the range of alternative settings involved abound (Aron, 2003; Aron & Zweig, 2003; Lange, 1998; Raywid, 2001). However, the settings that are the focus of this study best fit with Lange and Sletten's (2002) hybrid model where the characteristics of students having a voluntary choice to participate and the provision of remediation and innovation in the curriculum are combined to form a 'second chance' program that provides students with the opportunity for success in the educational or vocational training system following difficulties or failures in regular school settings.

This Chapter first identifies some of the issues raised in focussing on a study concerned with the provision of alternative education to students under the compulsory school leaving age. The literature on this specific topic is scarce and primarily emanates from overseas where the legislation, policies and structure of the education system differ from that in Australia. Then, to set the context for the study, an overview about the importance of completing school, the impact of early school leaving, what is known about underage and early school leavers and current issues in supporting students with mental health needs within mainstream schools from a Victorian perspective is provided. This is followed by a brief introduction to the theory of resilience, a description of the defining characteristics of effective schools, the definition and characteristics of alternative schools and programs, and what the research says about their effectiveness. The review concludes with a discussion of the outstanding policy and research questions that have been identified in the literature and that need to be addressed.

Chapter Two provides an overview of the background context to the study and the history, development and current operation of the programs involved in the study. The programs currently do not systematically document the outcomes of intervention and the evaluation offered an opportunity to undertake an outcome evaluation across programs. A description of the research methodology and procedure is provided in Chapter Three. As there are three major components to the study the results are reported in separate Chapters.

The results of the needs analysis that examined the socioeconomic and family background of students, their referral characteristics and a profile of their mental health difficulties and their social and emotional capabilities at referral and their current level of ability and achievement are presented in Chapter Four. Chapter Five then describes the impact of intervention on the students' mental health difficulties, their social and emotional capabilities and their educational outcomes as defined by whether or not the student returned to a mainstream setting or went on to further education, was not engaged or withdrew from program or required further intervention. This Chapter also includes a selection of case study scenarios that integrates information obtained from referrers, parents and the students themselves concerning their experiences of service provision and an analysis of variables that were related to the outcomes of service delivery.

A smaller group of students in the sample were involved in a more detailed assessment of their developmental and background history circumstances and needs and the risk factors associated with this group of students are discussed and individual examples of their progress on the measures used in the study are provided in Chapter Six.

The term psycho-education generally is used to denote any model that integrates knowledge from psychology with education in defining the parameters for effective intervention (Wood, David, Swindle, & Quirk, 1996). A critical aspect of the study was to hear from staff about their perceptions of what were the important features of the model of psycho-educational intervention used to meet the needs of the students. The key dimensions and themes identified from the interview data that are used to define the model of psycho-educational intervention are provided in Chapter Seven. This process elicited a significant amount of qualitative data and the issues identified in current service delivery and staff perceptions about improvements that could be made are then presented in Chapter Eight. Finally, Chapter Nine discusses the important findings of the study and suggested pathways for the future program development.

1.1 Scope of the review.

Prior to reviewing the literature relevant to the programs under study, a number of issues need clarifying in order to circumscribe the scope of the material covered.

1.1.1 Underage school leavers.

One focus of this study is to examine the needs of students experiencing difficulties prior to compulsory school leaving age, which in Victoria is 15 years of age. In this review, this group will be called 'underage school leavers' in order to distinguish these students from early school leavers, who are likely to leave prior to completing twelve years of schooling, that is those who are generally aged between 16 to 18 years. There is extensive literature concerning early age school leavers and the issues and program needs related to the post fifteen years group in Australia (Dwyer, Stokes, Tyler, & Holdsworth, 1999; Lew & Care, 1998; McMillan & Marks, 2003; Teese, 2002), in New Zealand (Vaughan, 2005; Vaughan & Boyd, 2005), the UK (Coles et al., 2002; Kendall et al., 2003) and the USA (Aron & Zweig, 2003; Fanelli, 2001; Hidi & Harackiewicz, 2000; Lehr, Hansen, Sinclair, & Christenson, 2003). It is noted that in the USA, students leaving school early are called 'dropouts' (McPartland, 1994) however this term is rarely used in Australia, New Zealand and the UK perhaps because it is seen as pejorative. Examination of the alternative schools literature emanating from the USA, for example, finds that there is little available concerning the 'underage school leavers', compared to early school leavers or 'dropouts'. Lehr's (2004) review of programs in the USA states that "based on the limited research findings available on younger students, it appears that most alternative programs were designed for older secondary students. However, it is not clear whether this is truly the case, or if there are just a few studies examining younger students" (p.21).

While there is agreement that leaving school is a process that occurs over time rather than a single event (Battin-Pearson et al., 2000; Christenson & Thurlow, 2004; Jimerson, Bryan England, Sroufe, & Carlson, 2000; Rumberger, 1995; Rumberger & Larson, 1998), the reasons for either leaving or remaining at school are likely to be different for mid to late adolescents compared to primary age children and the early adolescent group, although this has not been tested in the literature. Therefore an emphasis has been placed on selecting the limited amount of literature available in the education field concerning why younger age groups may not be participating in school. Younger students are more frequently described as 'excluded' students rather than dropouts (Hayden, Sheppard, & Ward, 1997) as their non-participation is seen as a process of rejection or non-acceptance

by the schooling system. In recent times, there have been increasing concerns about 'excluded' students and there have been a number of research studies conducted into the needs of students not attending school in the primary and early secondary years in the UK (Hayden et al., 1997; Kinder, Wilkin, & Wakefield, 1997; Panayiotopoulos & Kerfoot, 2004; Pomeroy, 2000; Utting & Hayden, 1998) and in New Zealand (O'Brien, Thesing, & Herbert, 2001). While this study also uses the term excluded to describe the state of not belonging, the term 'underage school leaver' also implies responsibility on the part of the education system to provide these students with an education. In general, however, there is a dearth of literature on this topic and this leads to the second point that pertains to cross-cultural differences in the organisation of education systems in different countries.

1.1.2 Cross-cultural differences.

When exploring the relationship between the provision of alternative education programs and the students they are designed to serve there are significant differences in legislation, policies and target group criteria and in the organisation and structure of respective educational systems between countries. In Victoria, for example, as a result of deinstitutionalisation (Bradshaw, 1994; Jagg, 1986) the primary policy is one of including all students regardless of disability in regular schools. There is no legislative provision for the assessment and referral of students with serious emotional disorders (SED) to special education settings as there is under the IDEA (1990) legislation in the United States (Sutherland, 2001; Westwood, 1991). Further, in USA, the literature on alternative schools and programs is frequently distinguished from the provision of special education programs for those with SED, although the numbers of these students with emotional and behaviour difficulties currently accessing alternative programs is an issue of recent concern and debate (Aron & Zweig, 2003; Lange & Lehr, 1997; Lehr, 2004). Perusal of the literature indicates that in terms of meeting the needs of students with SED, these special education settings continue to play a key role, particularly for younger students. Blackbory and Wagner (1996) estimated that in the USA up to 57% of students in this category are educated outside of regular schools. There is no equivalent system in Australia, however, from which to compare the needs of these students and the models of service provision, nor, as will be discussed later, is there any reliable data on the number of students that may be underage or early school leavers who have special educational needs (van Kraayenoord, Eikens, Palmer, & Rickards, 2002).

Another major difference between Australia and the USA for example, is that in Australia, large residential care and education facilities have been dismantled, whereas they continue to be a feature in the USA where large combined education and residential facilities serve children and young people living in out-of-home care and young offenders or those with major mental health difficulties. These are often cited as restricted alternative education settings in the outcome literature (Goss-Power, 2004; Mattison & Spitznagel, 2001; Stone, 2003). In Australia, the option of accessing restricted educational facilities, should there be a failure to engage or educate a student in alternative settings, is not a readily available option.

Culturally, New Zealand's education system offers the closest resemblance to the Australian context. In New Zealand there is however, recognition that there are some students under school leaving age that are alienated from school (Te Kete Ipurangi, 2006). New Zealand has an alternative education policy that aims to cater for the needs and rights of students aged 13 to 15 years who have become alienated from mainstream schools. Students may fall into this category for a number of different reasons. Some students may be habitual truants, while others exhibit challenging behaviour. The alternative education policy aims to provide a constructive alternative delivery of education for these students and is designed as the last resort in a range of responses to ensure that all students engage with education. A uniform approach has been developed for the delivery of alternative programs. The Ministry of Education funds schools to provide a number of student places in alternative education programs, and individual schools then contract with alternative education providers. (Education Review Office, 2001, 2004; Ministry of Education, 2006).

It is noted that a key systemic difference between Australia and New Zealand is that New Zealand's education system offers greater opportunity for a co-ordinated approach since education funding and policy is governed nationally. In Australia there is a complex split of funding and program responsibility between the Commonwealth Government and State or Territory Governments. Each State or Territory Government also has separate legislation and policy that governs the provision of education and this leads to differences for example, in the age of starting school, the curriculum taught and the manner in which alternative programs may be developed, funded and recognised. The advantage of the delivery of a national system in New Zealand on the other hand, is that there are consistent criteria established for identifying students requiring alternative education, a standardised funding allocation, and a uniform policy that students continue to

maintain their enrolment with a mainstream school while attending alternative education programs.

1.1.3 Outcome evaluations.

The aim of the programs in the study is to reintegrate students back into school or on to further vocational training and employment and therefore the limited literature that exists on effective transition processes is critically important. Many outcomes have been espoused for alternative education schools and programs such as improved academic performance, self-esteem, reduction in at risk behaviours, and satisfaction with the program (Lange & Sletten, 2002). While these dimensions are important, the litmus test of the effectiveness of alternative education provision must be whether or not students are engaged by programs and attend long enough to benefit from the interventions provided and whether or not they successfully can return to and be maintained in regular school settings or further training and employment programs (Gottfredson, 1997; Quinn, Rutherford, & Osher, 1999). It is notable that many evaluations of alternative programs, do not report attrition rates nor the success or otherwise of students returning to their regular school or other settings (Cox, Davidson, & Bynum, 1995; Fuch, Fuch, Fernstrom, & Hohn, 1991; Jones, 1999; Lange & Sletten, 2002; Stone, 2003). Many students prematurely leave or are not engaged by alternative schools or programs and Lange & Lehr (1999) have identified that the extent to which alternative schools keep students in school and facilitate successful school completion continues to be an area of inquiry.

1.1.4 Research into alternative education in Australia.

A final point concerns the lack of research into underage school leavers in Australia. Despite an extensive search of the literature, apart from a handful of papers which have described the need for alternative education (Brooks, Milne, Paterson, Johansson, & Hart, 1997; Cahill, Wyn, & Smith, 2004; Cole, 2004; Haas & Touhey, 2000; Handley, 2003; Porter, 2000), models for policy, practice and program development (NCVER, 1999; Withers & Russell, 1998) and a basic overview of program descriptions (Cody, Cornwell, Dakos, Harkin, & White, 1987; Long, 1998; Long & Webber, 1997; Netolicky, 1997; Preston, 2001), not one published study on the outcomes of alternative education for under-age school leavers could be found in the Australian literature. This means that the review is reliant on the literature found overseas and for the reasons cited above, needs to be treated with some caution about its applicability to the Australian context.

1.2 The importance of staying at school.

With concerns about the ageing population in Western societies, changes in the structure of work from the industrial age to the 'knowledge economy' (Bryce, Frigo, McKenzie, & Withers, 2000; Bryce & Withers, 2003; Frigo, 2003) and where jobs for early school leavers are almost nonexistent, there is an expectation that young people will stay in school longer and at least complete high school in order to lead successful and fulfilling lives and to contribute economically to society at large (Christenson & Thurlow, 2004; Coles et al., 2002). Twelve years of worthwhile learning is now the core benchmark society and governments must provide young people to ensure successful entry to active and responsible citizenship and productive work. While completion of twelve years of learning does not in itself guarantee access to further education, employment or a career pathway, it now acts as a minimum educational requirement, superseding the compulsory school leaving age as the most important stepping stone to economic and social independence. As noted by Joyce & Dorissa (2005) within Australian culture, the graduation from high school is now seen as a critical socially constructed developmental milestone that serves as one of the primary representations of the transition from adolescence to early adulthood.

In Europe (Meijer, 2001) and the USA the goal is to have at least ninety percent of students complete high school (No Child Left Behind Act, 2001) and it is noted that in some states of the USA the compulsory school leaving age is being raised to 18 years (NASSP, 2005). This goal is also mirrored in Australian educational policy (MCEETYA, 1999). In Victoria where this study was undertaken, the current aim is also to have 90% of all students complete high school, with the target for this to be achieved by the Year 2010. However, current retention rates still fall short of this desired outcome even though there has been an increase over time (Cole, 2004; Dwyer, 1996). In Victoria, for example, the proportion of Year 9 students staying on at school to Year 12 increased to 85.2% in 2004 from 82.9 % in 1999 (Victorian Government, 2005). There is considerable variation in retention rates across regions and localities and state-wide averages can be misleading (Cahill et al., 2004; Cumming, 1997; Teese, 2002; Teese & Polesol, 2003). For example, in the Barwon region of Victoria where this study was conducted, the early school-leaving rate was 35% for males and 21.8% for females in 2000 (DEET, 2001). With respect to the primary concern of this study, the number of students being excluded from school before the legal school leaving age of 15 years in Victoria is unknown and the reasons for this are discussed later in this review.

1.2.1 The impact of early school leaving.

The cost of failing to finish high school is significant and affects individuals, their families, and society at large. Young people who do not complete high school frequently experience poor long-term social, economic and mental health outcomes (Coles et al., 2002; Edwards, 2003; Hidi & Harackiewicz, 2000; Marks & Fleming, 1999; Morrison & Cosden, 1997; Sawyer et al., 2000; Zyngier & Gale, 2003). According to Groth (1998) leaving school early may lead to multiple jeopardies in the life course for the individuals' concerned and increased costs to society since:

Dropouts tend to have lower paying jobs, lower employment rates and generally lower standards of living. Similarly, dropping out leads to social costs in the form of increased crime rates, increased dispensation of welfare and unemployment subsidies, increased health care costs, and lowered tax revenues for the state. (p.1)

On a personal level, early school leavers are more likely to be depressed, dissatisfied with their lives, feel alienated from society and be at an increased risk of suicide (Crisp, O'Donnell, Kingston, Poot, & Thomas, 1998; Long, 2000; Tiller et al., 1997). There are many definitions of alienation. Bronfenbrenner (1986) defines alienation as simply the "lack of a sense of belonging" (p. 430) while Dean (1961) defines alienation as feelings of powerlessness, social isolation and normlessness. Powerlessness is the feeling of an inability to influence one's choices. Normlessness is when the individual's value system is inconsistent with that of society, while social isolation is a feeling of acute loneliness or separation from one social group. Marginalised is also another commonly used term to describe the state of alienation. Being marginalised is described by Withers & Russell (1998, p.2) 'as being on the edge' or 'at the edges' of society and can have implications for how marginalised individuals perceive themselves.

It is noted that being alienated from the education system has been operationalised in New Zealand for purposes of defining target group criteria for accessing alternative education. A student is defined as being alienated when neither the young person nor the school is willing to have that young person attending a regular school setting, and one or more of the following apply. The young person:

- has been out of school for two terms or more;
- has multiple exclusions (from more than one school in urban; or from one rural

combined with other factors);

- has a history of dropping out of mainstream schooling after being reintegrated; and/or
- has dropped out of The Correspondence School after enrolment as an 'at risk student' (Ministry of Education, 2001).

The above criteria apply to students aged between 13–15 years, which is an age period known as the Middle Years in Australia. The Australian Curriculum Studies Association (ACSA) Report into Middle Schooling (Cummings, 1997) points out that, adolescence as a developmental period is a particularly high-risk period for experiencing alienation that makes engagement at school increasingly critical. When adolescents become outcast from systems of adult support, they try to form bonds wherever they can and often times this means forming bonds with other peers with anti-social norms which in turn leads to an increased probability of further marginalisation (Brendtro & Shahbazian, 2004; McEvoy & Welker, 2000; Miller, Breham, & Whitehouse, 1998). It is therefore not surprising that early school leavers are more likely to join gangs, use drugs and alcohol, and engage in violent and criminal behaviour. Coles et al., (2002) found that in England persistent offending amongst 18-30 year olds is highly correlated with having been excluded from school, having no or low qualifications and regular drug and alcohol misuse. Similar associations between school failure, low levels of academic achievement and delinquency have been found in Australia (Collins, Kenway, & McLeod, 2000). In a South Australian study of 561 young offenders between the age of 13 to 18 years, Putnins (1999) found that the majority had not mastered basic literacy and numeracy skills and this was particularly true for young aboriginal males. Further, 79.4 % reported having being expelled or suspended from school, 82.2% were not enrolled in school or training at the time of their offences and 39.5% percent had left school before the age of 15 years. Finally, as Hemphill et al., (1996) observes, antisocial behaviour is costly to the community, impacting on individuals (e.g., physical damage to people and property, bullying, insecurity), as well as society at large (e.g., costs of interventions and incarceration). Antisocial behaviour is therefore clearly a major public health and social issue (Herrenkohl et al., 2000).

Even if the consequence of early school leaving does not lead to a path of anti-social behaviour or offending, young people are more likely to be unemployed in both the short and long-term the earlier they leave school. The Australian Commonwealth Government's House of Representatives Standing Committee on Employment Education

and Training (1996) found that early school leavers were more likely to be unemployed than those with a higher level of attainment and in Australia, like other countries, unemployment is generally associated with poverty and dependence on income support. For example, in Victoria, if young people leave in Year 9, 22% are not engaged in either employment or training in the short term and 15% will experience long-term unemployment, compared to four percent among those leaving at Year 12 (Victorian Government, 2005). In the region where this study was undertaken the unemployment rate for early school leavers aged 15 to 19 year olds in the Year 2000 was 21.1%. Even if employed they are more likely to be in low status and low paying jobs (AIHW, 2005). In the USA, this is particularly true for early school leavers with learning disabilities and mental health difficulties (Blackbory & Wagner, 1996; Rojewski, 1999) .

Furthermore, students who are prematurely marginalised and excluded from school are at great risk of ongoing disaffection from engaging in further education and training and for these students returning to an educational setting can be perceived as undesirable and threatening. In England, Coles et al., (2002) found that 30 percent of those not in education, employment or training (NEET) between the ages of 16 to 18 had enrolled in a course of post-16 education but then dropped out and a further 40 per cent had dropped out of government sponsored training. For young women, a significant outcome may be early parenthood and Coles et al., (2002) found that 40 per cent of young women who had been not in education, employment and training (NEET) between the ages of 16 to 18 were mothers of at least two children at the age of 21 compared to less than five per cent of their non-NEET contemporaries. Of those young women who had been NEET for six months or more aged 16-18, over 70 per cent were mothers at the age of 21. This is consistent with concerns in New Zealand, where high rates of adolescent pregnancy and birth are often associated with school disruption and dropout, resulting in long-term negative consequences for the economic wellbeing of young women and their offspring (Ministry of Education, 2004). It is noted that to address the educational needs of this target group, Teen Pregnancy Units (TPUs) have been funded in New Zealand to provide a safe and supportive environment for young parents and mothers-to-be to continue their schooling.

On a family level there is evidence of an intergenerational effect. For example, the Western Australian Child Health Survey (Zubrick et al., 1995) showed that each successive year students are retained in school beyond Year 9, the likelihood is that once they become parents themselves, their children correspondingly are more likely to remain at school.

Thus, Zubrick et al, (1995) concluded that: “improvement in school retention rates is a risk reduction strategy of some significance” (p. 61).

For society, the negative costs to society of early school leaving are profound and result in foregone national income, lower tax revenues for support of government services, a higher demand for social services, and poor levels of mental and physical health. In Australia, for example, the direct financial burden of mental health problems has been estimated to be between \$3 billion and \$6 billion per year (Human Rights and Equal Opportunity Commission, 1993). Whitmont (1991) calculated that in Australia \$1.6 billion were spent each year as a result of juvenile crime. On the other hand, the benefits of promoting school completion for crime reduction have been estimated by the NSW Bureau of Crime Statistics (Chapman & Weatherburn, 2002) which found that if all students completed 12 years of schooling, property crime would reduce by 15 percent per year. The overall benefits to the economy have been documented in a report titled ‘Realising Australia’s Commitment to Young People’ (2002) from the Business Council of Australia. This report examined the economic impact of increasing the school retention rate from 80 to 90 per cent based on the proportion of students that would achieve Year 12 equivalent education in the five-year cohort from 2003 to 2007. The report concluded that the estimated long-term benefits to the economy by 2020, if 90% of this cohort were to remain in some form of education and training would be a \$1.8 billion increase in the Gross Domestic Product (GDP), (i.e. 28% of GDP) and that returns from increased consumption would be \$720 million (i.e. 18%) higher than would otherwise be the case. Therefore the report identifies that promoting the completion of twelve years of learning at school or through vocational education and training is a key driver not only for raising the standard of living for those young people that leave school early but also for the effects that flow on to the health and economy of the nation at large.

1.2.2 Groups most likely to leave school early.

The literature on ‘early school leavers’ is prolific if not overwhelming both in Australia (e.g. Dwyer & Wyn, 2003; Teese, 2002; Zyngier & Gale, 2003) and overseas (e.g. Coles et al., 2002; Prevatt & Kelly, 2003). This literature either focuses on the reasons students may leave early, or those groups most at risk according to their life circumstances. From both these perspectives, research concludes that there is no such thing as the ‘typical’ early school leaver (Rumberger, 1995; Stokes, 2000; Withers & Russell, 1998). In terms of the reasons students may leave school in Australia, Dwyer, Stokes, Tyler and Holdsworth, (1999), for example, report that students leave school for a variety of

reasons, at different stages of their schooling, with different attitudes towards education and different prospects for future careers. Dwyer et al., (1999) identified the following typology to describe the range of reasons the young people studied left school prior to completing Year 12. These were:

Positive Choice - those who leave school making a positive choice to take up their options

Opportune Leavers - those who leave school to find a job or to establish a personal relationship

Would be Leavers - those who would prefer to leave but are continuing for now to increase their work options

Circumstantial Leavers - those forced out of school for non-educational reasons i.e. financial issues

Discouraged leavers - those whose experience of school is discouraging, they have academic failure and their performance and interest in school is low, and

Alienated leavers - those with significant needs unable to be accommodated by the school.

It is noted that the first category of 'positive choice' includes young people that leave in a planned and informed choice, and in Australia there are a number of options in the Adult Community Education (ACE) and Technical and Further Education (TAFE) sectors that offer pathways to further education and employment as an alternative to remaining in regular school. However, as this study is concerned with those students at risk of leaving or who have already left prior to the age of 15 years, the last three categories of the circumstantial, discouraged and alienated leaver are most applicable to underage school leavers.

Rather than look at the reasons for early school leaving, other research has examined those groups most at risk of leaving prematurely. Research undertaken by the Social Exclusion Unit in England into opportunities for young aged 16-18 years who were not in education, employment or training, found that early school leaving was generally higher for students where one or more factors applied:

- their parents are poor or unemployed
- they are members of certain minority groups

- they are carers of other family members
- they are teenage parents
- they are homeless
- they are or have been in care
- they have a learning difficulty
- they have a physical disability
- they have a mental illness
- they misuse drugs or alcohol
- they are involved in offending (Social Exclusion Unit, 1999, p. 48).

In Australia the higher incidence of students who are or have been 'in care' (Create, 2001; Maunders, Liddell, Liddell, & Green, 1999; Raman, Inder, & Forbes, 2005), the juvenile justice system (Putnins, 1999), homeless (Chamberlain & Mackenzie, 1998), or a member of a minority group such as indigenous young people (AIHW, 2005) have also been found to be over-represented in early school leavers.

Research on the incidence of those students with learning difficulties and mental health problems that may leave school early in Australia is less well established (Watson & Boman, 2005), although it is known that students in the bottom 25% of literacy and numeracy tests in Year Nine are more likely to leave school early (Abelson, 2002). In the USA, in comparison to an overall national dropout rate of approximately 12% those students with learning disabilities have estimated dropout rates before completing high school ranging from 17% to 42% and those with mental health problems have even higher dropout rates, estimated to be from 21% to 64% (Lichenstein & Blackorby, 1995; National Centre for Education Statistics, 2002). In general, the research findings indicate that, as a group, children with emotional and behavioural disabilities have the poorest long-term education and employment outcomes of any disability group. They also add that a key factor demonstrated by the research is that even if they do not drop out and go on to receive years of special education services, students with emotional and behavioural difficulties become adults with similar problems; they end up unemployed or incarcerated at much higher rates than the general population (Lange & Lehr, 1997; Rojewski, 1999). This is related to the persistence of learning difficulties and mental health problems that are evident in childhood and adolescence. There are difficulties in establishing the same relationships in Australia from the research literature but these issues are explored following an examination of the incidence of underage school leavers in Australia, and

what is known about the incidence of mental health and learning difficulties. But first the evidence from one study that has examined the circumstances of primary school students excluded from school is described.

1.2.3 Children excluded from primary school.

There is limited research available concerning primary age students excluded from school and the literature primarily emanates from England. In 2000 there were a total of 10,404 students permanently excluded from school, with 13% or 1,343 students of primary school age and about ten times this number who have experienced fixed term exclusions (DES, 2000). According to Parsons (1994):

Primary children excluded from school not only lose an average of 75% of a year's schooling but a revealing costing exercise demonstrated that the combined costs to educational, social services, health services and sometimes police are substantially more than the resources required to support and maintain the child at school. (p.1)

The younger the student, the more likely that factors external to their control are involved in their rejection and exclusion from school and it is worthwhile to describe the factors related to this group from the limited research evidence available. The most common situations leading to school and social exclusion for primary school age students are emotional and behavioural problems such as aggressive and disruptive behaviour combined with family breakdown and poverty (Young Minds, 2000). Hayden, Sheppard and Ward (1997) who undertook a case analysis of data on 265 excluded primary age children in England during the 1993 school year, found that children who had experienced either fixed term or permanent exclusions were more likely to be male, black and aged between 9 to 11 years. In a more detailed examination of the histories of 38 of these children, those experiencing exclusion in primary school were predominantly children from single parent families, who were unemployed, and experienced high mobility and homelessness. In well over half of the families there was evidence of violence in the home and substance abuse was mentioned as a factor. Nearly half of the children had spent time in care during the school year in which they were excluded, and nearly one third were in care at the time of their exclusion. In the sample there were however, a number of children that were not from deprived backgrounds but who had a range of developmental, emotional and behavioural problems that were so severe that they were unable to be accommodated in mainstream schools. At the time of their

exclusion, many of these children were placed on a waiting list for assessment from Child and Adolescent Mental Health Services (CAMHS).

In general, Hayden et al, (1997) found that the level of emotional and behavioural disturbance and demonstrated aggression in the school was one of the primary factors for their exclusion with nearly half of the sample being assessed as having a special educational need. The remaining students had not been formally assessed at the time of their exclusion and this included children that had been placed in care and had a high level of social services involvement. Hayden et al., (1997) cite the case of Jeremiah as an example of this situation:

Jeremiah had attended seven or eight schools by the age of ten, had spent time living in a women's refuge and also in bed and breakfast accommodation. At the age of nine, he and his mother were asked to leave a women's refuge because of his behaviour; later in the same year he stabbed his older brother with a kitchen knife and tried to do the same with his younger brother. His mother had already requested Social Services to accommodate him. Foster placements broke down because of his behaviour and his last social worker had tried to find a place for him in a residential therapeutic environment but was unsuccessful and he was sent home to live with his mother again because no suitable placement could be found for him. (Ibid, p. 57)

As illustrated by the above quotation Hayden et al (1997) found that younger students that are excluded should be viewed as extremely 'needy' rather than 'naughty' and that their behaviour needs to be viewed in the light of the significant early life stressors that they were exposed to and/or the severity of their emotional and behavioural difficulties. Further, intervention required co-ordination to support both the students and families but this was often lacking due to fragmentation of service provision between sectors. Stretched educational resources and a lack of information about students compounded this situation. It was also found that students who had a previous history of exclusion were more likely to be excluded in the future and the stigma of being a 'troublemaker' was carried throughout the child's school career. An overall depiction of the contributing factors they found to be related to exclusion for primary-aged children is depicted in Figure 1.1

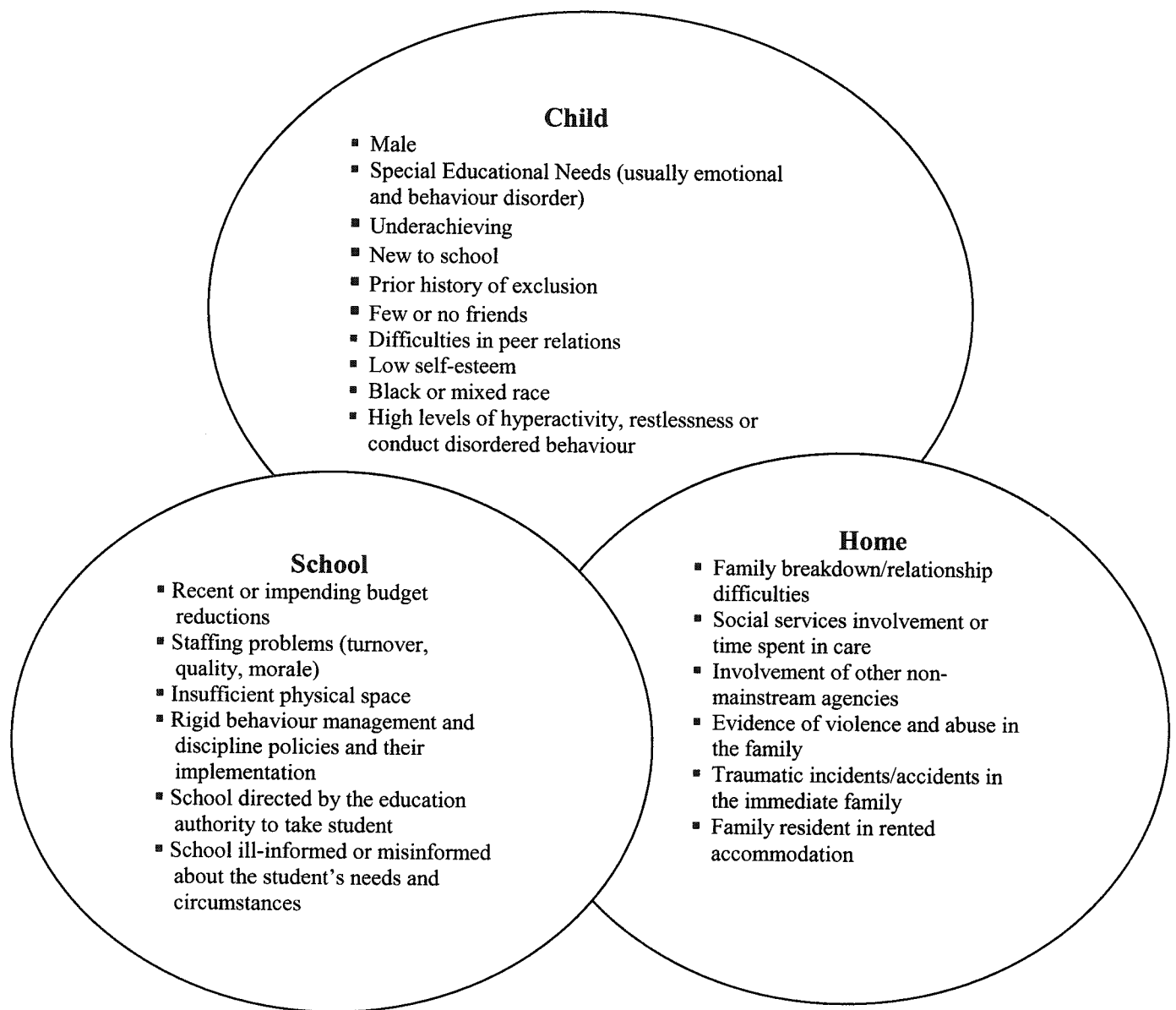


Figure 1.1

Common variables in the characteristics and circumstances of primary-aged children excluded from school (Hayden et al, 1997, p. 115)

This figure illustrates that a range of factors involving the child, family and school were at play leading up to the students' exclusion from school. Hayden et al., (1997) recommended the need for a co-ordinated, ecological approach to working with excluded students. A pilot study by Panayiotopoulos and Kerfoot (2004) aimed at reintegrating excluded primary-aged students, using a multi-disciplinary team approach that worked with the child, their family and their school, has been undertaken in England and the results of this intervention approach will be described later in reviewing the effectiveness of programs aimed at re-integrating students back into mainstream schooling.

1.3 The incidence of underage school leaving.

As indicated by the discussion so far, the majority of literature on dropping out of school concerns the incidence and costs of not completing twelve years of schooling. These students are generally defined as early school leavers and for the purposes of this study need to be distinguished from those that leave or are excluded prior to completing ten years of school. This group have been called ‘underage’ school leavers in the Australian literature (Brooks et al., 1997; Withers, 2004) or socially excluded in the British literature (Coles et al., 2002; Panayiotopoulos & Kerfoot, 2004; Pomeroy, 2000; Utting & Hayden, 1998). In New Zealand, as previously mentioned, students 13-15 years of age not attending school are called ‘alienated’ (Ministry of Education, 2001, 2006; Te Kete Ipurangi, 2006).

In Australia, it was almost 10 years ago that the Commonwealth Government held a Parliamentary Inquiry into Truancy and Exclusion from School (House of Representatives Standing Committee on Employment, Education and Training, 1996). In the Executive Summary of the inquiry it was concluded that:

There is a growing concern for the apparently increasingly large numbers of young people who are for various reasons missing out on the benefits of education and possibly a better future. These are the young people, the ‘invisible ones’, who are not even completing Year 10, who are becoming disconnected from education before the age of 15 or 16 when it is legal for them to leave school.

The inquiry concluded that the reasons for students leaving school prematurely were not known and the only data reported by the States and Territories in Australia were confined to absenteeism and school retention rates. This data therefore underestimates the real incidence of school non-attendance because it does not include informal exclusions (where students are encouraged to re-enrol in another school or are suspended on a continual basis) and those who ‘drop out’ from school completely but are not formally expelled. In New Zealand, Vaughan (2006) points out that the term ‘Kiwi suspension’ has also been coined to describe the practice of informal exclusion. She notes that this is an illegal practice where schools ask parents to “choose” to withdraw their child from school rather than having to face suspension or exclusion by the school’s Board of Trustees. It is also well-known that when surveys of students are undertaken by obtaining their self

reports about their truancy from school, the rates of disengagement are significantly higher than official figures (Edwards, 2003; Withers, 2004).

As a result of the impoverished data available, the Inquiry recommended the collection of national data on the incidence of truancy, formal and informal exclusion and expulsion and precise statements for the grounds and procedures associated with each category of exclusion. The development of parent information and school training materials on procedures for suspensions, exclusion and expulsion, including mechanisms of appeal was also considered to be an essential development.

A study commissioned as a result of the inquiry by Brooks et al., (1997) reiterated the Inquiry's conclusion:

The number of underage school leavers is very difficult to calculate, because of the broad definitions involved and the lack of aggregated data collection. Currently there is no uniform national data, on the number of young people under the legal school leaving age who have left school, the extent of school truancy, or the number of young people excluded from school for disciplinary reasons. (p. 2)

Brookes et al (1997) attempted to estimate the numbers of underage school leavers in Australia. Deriving data from the 1992 Australian Census data they found that 1–4% of 12 to 14 year olds were not connected to school or other formal education services. However, these figures did not include students who failed to make the transition to secondary school, nor those not attending primary school and they concluded, “no firm conclusions can be drawn from this piecemeal evidence” (p.3).

More recently, Withers (2004) reviewed the progress in implementing the recommendations made by the Commonwealth Inquiry in 1996. He found that there have been overall improvements in the development of policies and statements on the grounds and procedures associated with exclusion and the development of parent information and school training materials on procedures for suspensions, exclusion and expulsion, including mechanisms of appeal. However, it is noted that studies interviewing parents and the students themselves might contest this (Coventry, Cornish, & Cramer, 1984; Stokes, 2000; Tossell & Gourlay, 2005).

In his analysis of attendance data overall, Withers (2004) found that data collection remains highly inadequate and there is no national consistency as state authorities were

reluctant to provide such data even if it is available internally. Therefore the incidence of students under school leaving age not attending school (other than by choice in home schooling and distance education programs) remains unknown. Withers (2004) also noted that because of a lack of data it was not possible to make conclusive statements about any of the possible risk factors such as male gender or socioeconomic status concerning the underage school leavers. Such statements however, can be made about students in New Zealand and British schools respectively where a more aggressive policy and data collection process has been undertaken to address the problems of school exclusion and data on the number and characteristics of students that are suspended and expelled from school is now available (Hood, 2004; Social Exclusion Unit, 2002).

The Commonwealth Ministerial media release in April last year (DEST, 2004) entitled 'Time for Transparency in School Performance' outlines a policy change to make receipt of federal government funding conditional on State Governments and school authorities publicly releasing school performance information for every school. This information, alongside academic performance data, includes retention rates and attendance data that should be available for the parents of children in Australian schools. It is also noted that the term, 'school authorities' is slightly ambiguous, as the initiative appears to apply only to State governments and school authorities, and may not apply to the Catholic or the independent fee for service, private sectors of Australian education. An obvious point emerging is that without stringent accountability there is not much inducement to report reliably on retention rates in a competitive educational environment, particularly in relation to underage school leavers.

Some commentators (Hayden et al., 1997; Pomeroy, 2000) have observed that league tables which rate individual schools on the basis of retention rates, for example, can have the unintended consequence of making it less likely that schools will support difficult students and as a result the incidence of suspensions and exclusions increases. Therefore in a competitive school environment, there is even less of a policy and political imperative to provide reliable data on underage school leavers. To sum up, currently in Australia, the knowledge about the incidence and difficulties faced by underage school leavers continues to be a neglected and unexplored area of research (Webber & Hayduk, 1995; Withers, 2004).

1.3.1 Incidence of mental health problems

Apart from examining the reasons for leaving school and those groups most likely to

leave, the literature also has attempted to define the characteristics of students that may leave prematurely. Other than the generic use of 'at risk', numerous terms have been used, for example, chronically disruptive, anti-social, unmanageable or uncontrollable, low achievers, socially, emotionally or behaviourally disturbed and learning disordered (Brown, 1997). In fact, many commentators (Friedrich, 1997; Handley, 2003; Lehr, Lanners, & Lange, 2003) have pointed out that the lack of clarity in terminology used in both the early school leaving and alternative education literature makes the identification of the specific target groups being studied and comparisons of the data obtained difficult to assess. In contrast, the term 'mental health problems' refers to a broad range of behavioural or emotional difficulties that may cause concerns or distress (Raphael, 2000). Students with emotional and behavioural difficulties are most likely to be rejected by teachers and there is a strong association between behavioural difficulties and low achievement, particularly in boys (Offord, Boyle, Fleming, Munroe Blum, & Rae-Grant, 1989; Sanford, Offord, Boyle, Peace, & Racine, 1992; Prior, Smart, Sanson & Oberklaid, 1999).

In comparison with the lack of information about the incidence of underage school leavers, the incidence of mental health problems in Australia has been more thoroughly investigated. This information is important to include since overseas research indicates that the presence of emotional and behavioural difficulties is more than likely to be related to underage school leaving (Hayden, 2000; Hayden et al., 1997; Panayiotopoulos & Kerfoot, 2004; Pomeroy, 2000).

Mental health problems may be grouped into two broad categories: internalising and externalising problems. Internalising problems are characterised by inhibited or over-controlled behaviour (Sawyer et al., 2000). Children with internalising problems are often quiet and withdrawn. The two most common forms of internalising difficulties are anxiety and depression. In contrast, externalising problems are characterised by antisocial or under-controlled behaviour (Ibid, 2000). These children often display 'acting out' symptoms such as non-compliance with requests, disruptiveness in class, and aggressiveness towards other children.

Two large mental health surveys have recently been conducted in Australia using the Child Behaviour Checklist (CBCL) (Achenbach, 1991b). In a nationally representative sample of 4-17 year old children, the Child and Adolescent Component of the National Survey of Mental Health and Wellbeing (Sawyer et al., 2000) obtained prevalence rates for internalising, externalising, and total mental health problems of 12.8%, 12.9%, and

14.1%, respectively. In a representative sample (excluding Aboriginal children living in country areas) of over 2700 Western Australian children, aged 4-16 years, the Western Australian Child Health Survey (Zubrick et al., 1995) obtained a corresponding prevalence rate for total mental health problems of 17.7%. (Rates for the 'broad band' internalising and externalising mental health problems were not reported.) The slightly higher prevalence of total mental health problems obtained in the Western Australian study can be explained by methodological differences. Whereas the results of the Western Australian Child Health Survey were based on the combined reports of parent and teachers, the results of the National Survey of Mental Health and Wellbeing were based solely upon parent report. The local estimates described above for total mental health problems are comparable to those obtained in other countries (Costello, 1989; Verhulst & Koot, 1992). Thus, at any one time, the research on the incidence of mental health problems indicates that nearly one in six students will suffer from clinically significant emotional or behavioural mental health problems in their school career.

Research has shown that on average children with externalising difficulties exhibit worse cognitive, academic, and social functioning than do children with internalising problems. In a sample of 185 clinically referred 6 to 11 year old boys, for example, McConaughy, Achenbach, & Gent, (1988) found that externalisers scored significantly lower than students with internalising difficulties on parents' ratings of social competence and teachers' ratings of adaptive functioning, observations of on-task behaviour in the classroom, WISC-R IQ scores and achievement in reading and mathematics.

Although the terms externalising and internalising describe different type of problems these two patterns often co-occur in many children. (McConaughy & Skibam 1993). In clinical and epidemiological studies, the term comorbidity is often used to describe the co-occurrence of two or more distinct disorders or syndromes in the same individual (Achenbach, 1991). Of the children with CD, ADHD, or depressive disorder who participated in the National Survey of Mental Health and Wellbeing (Sawyer et al., 2000), 23% also had symptoms that met the criteria for a second disorder. A similar comorbidity rate was obtained in New Zealand's Dunedin Multidisciplinary Health and Development Study for 15 year olds, based on adolescent self-report. In this study, 25% of adolescents with a disorder met the criteria for at least one other DSM-III disorder (McGee, Feehan, Williams, Partridge, Silva, & Kelly, 1990). Children with comorbid problems often have a worse prognosis than children with discrete difficulties (Harrington, Fudge, Rutter, Pickles, & Hill, 1991). For example, Miller-Johnson, Lochman, Coie, Terry, & Hyman,

(1998) found that Year 6 children with elevated levels of both conduct and depressive symptoms are more likely to be using substances by Year 8 than children with either depressive or conduct symptoms alone. Pliszka (1989) provided further evidence for the poorer prognosis of comorbid problems. In this study, children with comorbid ADHD and anxiety responded more poorly to stimulants than did children with ADHD alone.

The onset of such difficulties may herald a lifetime of persistent psychosocial problems. This is because early problem behaviour is one of the best predictors of future mental health problems, particularly for externalising disorders (Loeber, 1991; Lynam, 1996; Patterson, 1993). Researchers have demonstrated moderate to high stability of both internalising and externalising problems across several samples (Campbell & Ewing, 1990; Fergusson, Horwood, & Lynskey, 1995; Keller et al., 1992; Pianta & Caldwell, 1990; Pianta & Castaldi, 1989). This stability is even observed for mental health symptoms emerging in the early years of life. The Australian Temperament Research Project (Prior, Sanson, Smart, & Oberklaid, 2001) has tracked the psychosocial development of 2443 Victorian children from birth to 18 years of age. Prior et al., (2001) found that internalising and externalising difficulties could be predicted quite well as early as 3-4 years. Further, temperamental difficulties, non-compliance, and aggression in early childhood are associated with a variety of later problem behaviours (Keenan, Shaw, Delliquadri, Giovannelli, & Walsh, 1998; Prior et al, 2001). In a 25 year longitudinal study of 1,000 children born in New Zealand, Fergusson, Horwood, & Ridder, (2005) found childhood conduct problems rated by parents and teachers at 7-9 years were associated with a diverse range of adverse psychological outcomes (crime, substance use, suicide attempt and anxiety and depression) at age 18, 21 and 25 years.

While the incidence of mental health problems surveyed across countries is similar, ascertaining the numbers of students defined as having mental health problems or learning difficulties for that matter, and hence requiring additional support within schools is a far more difficult proposition (van Kraayenoord et al., 2002). A number of Australian researchers have noted that compared to the USA, mental health problems in particular seem to hold a degree of stigma in Australia, New Zealand and the UK and there exists a general antipathy against labelling students (Crisp, 1996; Watson & Boman, 2005). From a New Zealand perspective, McMenamin, Millar, Morton, Mutch, Nuttall, & Tyler-Merrick (2005) point out that the antipathy towards labelling reflects a change in the way disability and mental health problems are viewed within the education sector. They argue that previously disability, for example, was viewed from a deficit model or medical

model. In this model blame on some defect or inadequacy is located from within the person and this usually led to clinical assessment, intervention and remediation on the part of professionals. The current view of disability on the other hand, is viewed from an ecological perspective where there is a focus on the external factors that create barriers to learning. To assist in learning, attention is placed on the quality of the instructional environment and the identification of bringing about structural changes. Instead of focusing on what is wrong with the student, the focus now is placed on acknowledging the influence of the social and physical environments that occur around the student and making changes to these to meet the needs of the student. Thus the preference is to use terms such as 'at risk' that denote a focus on social and environmental disadvantage and difficulties within the educational sector in accommodating a range of students with additional needs, and the need for a social justice approach rather than a mental health or a medical model of identification and intervention.

In a recent study into disabilities in Australia, van Kraayenoord et al (2002) found it impossible to obtain a reliable estimate of the number of students in schools with either learning or mental health difficulties and said that:

prevalence figures are very difficult to determine from one state to another, and from one system to another, for a variety of reasons. These reasons include: systems and sectors differ in their requirements to provide information on different groups of students with disabilities, the use of different definitions, the different ways a definition has been operationalised, the different groups for which data are reported and the different ways on which data is collected and reported. (p. 78)

As this quotation illustrates, in Australia, each State and Territory is responsible for developing their own policies and procedures for supporting students with significant needs. In Victoria, the overriding policy is one of mainstreaming students in regular school settings and the issues related to this policy and underage school leaving are explored next.

1.4 Issues with policies of mainstreaming.

Over twenty years ago, as a part of a broad movement to de-institutionalise child welfare, disability, mental health and education services (Jagg, 1986), legislation in Victoria mandated the transfer of students from special education settings into regular or mainstream schools (Bradshaw, 1994; Sutherland, 2001). In the public and private sector,

special schools continue to exist for students assessed as having an intellectual disability. For those with severe physical disabilities and for those with specific impairments such as deafness and blindness, however, the current expectation is that all students, including those with emotional or behavioural, developmental, learning and language disabilities can be educated in mainstream schools.

The model of support for students experiencing major difficulties in coping in mainstream schools in Victoria is primarily one of providing integration aides in the regular classroom with support from student welfare professionals (Bradshaw, 1994; DOE, 1998) and the overwhelming allocation of the budget to provide for student support in government and Catholic schools is allocated for this purpose. For example, in the 2001 Victorian budget of \$274.4 million to support students with additional needs in regular classrooms in public schools and \$199.22 million was expended on the Disability and Impairment program (DAI) which is available to schools to fund the teachers' aide positions and ancillary supports while student welfare services received \$43.22 million and \$4.7 million was allocated to alternative settings (RMIT, 2001).

A state-wide review of the DAI program by Meyer (2001) found that the focus on providing funding for one-to-one support has led to a dramatic increase in the number of students funded since the program has been introduced and the numbers receiving funding has grown from 500 or .93% of the school population in 1984 to 10,650 students or 3.05%. The review found that focussing on funding the student had a major unintended consequence namely that schools were seeking a diagnosis for students who were presenting teachers with difficulties in order to obtain and maintain additional funding for student support. In recent times, this has led to an increase in children being labelled as having attention deficit and hyperactivity disorder (ADHD) in particular. Further, Meyer (2001) found that

mainstream schools were being financially rewarded for keeping students with difficulties who present minimal challenges in school but encouraging families to seek services elsewhere, when the level of teachers' aide time was not sufficient to support the students with more complex needs to remain in the classroom. (pp. 33-34).

The report noted that this situation has led to an increase in fee-for-service special education settings, which many parents, can ill-afford or do not access for financial reasons. Strategies to address this situation were still under consideration at the time the present study was

undertaken. The point to be made however, is that in Victoria, and Australia generally, there are very few public or Catholic run alternatives for students who experience significant difficulties in regular school settings and that while there are data on the incidence of mental health difficulties in the general population, current support systems within regular schools are only designed to meet the needs of a small proportion of these students.

1.4.1 A system under stress.

There are many capable, dedicated professionals working in education, however there are gaping holes in working with students who are struggling at school. The current situation is that it is generally left to teachers to deal with these students exhibiting disruptive behaviours or significant learning delays for example, without support and the provision of intervention from other professionals. Support systems are geared to become available when there is a crisis and the student's behaviour becomes unsustainable and even then the response is sadly deficient. A number of reports arguing that the current system of support is inadequate have recently been undertaken. These have included an interview survey of principals in the Catholic sector (Cahill, Wyn, & Smith, 2004), interviews with teachers in the government sector (Bartak & Ray, 2005), consultation with local services in the Barwon region where this research study was based (Miller, 2004) and with parents and other professionals attached to an advocacy group for students with disabilities (Tossell & Gourlay, 2005).

Cahill, Wyn and Smith (2004) in their report entitled 'The Welfare Needs of Catholic Schools' made a range of recommendations for improved training, access to support services and the development of alternative schooling options for those with severe behaviour difficulties. The priority issues identified were:

- Learning problems, particularly literacy and numeracy
- Lack of teacher skill and training and access to support services for student mental health problems including affective disorders such as depression and anxiety and conduct-related mental health disorders, including ADHD and Aspergers. In particular, a lack of access to psychologists for assessment and the development and ongoing monitoring of individual education plans (IEP's) were identified. Staff skills were often inadequate especially for dealing with students who manifest dangerous and difficult behaviours. Despite the obvious need for better pre-and in-service training, the report argues that it was unrealistic to expect teachers to be experts in the range of

difficulties with which they are being confronted.

- Family problems, such as the impact of family breakdown, substance abuse, violence in the home on students being brought into the classroom, and where needed health and social services were often inadequate, spasmodic, costly, short term, untimely, or difficult to access, particularly mental health services for children and adolescents.
- The impact of bullying and negative classroom behaviours on other students.
- The impact of dealing with student welfare problems on pedagogy and developing innovative curriculum.

In the public school system, Bartak and Ray (2004) surveyed a group of 60 primary and secondary teachers in the Eastern region of Melbourne. In teaching a cohort of 1500 students, the teachers described 151 students (12%) as having special needs with respect to learning difficulties (behind in literacy and numeracy levels) or as having a behaviour disorder (including ADHD). However, only 19.3% of this group were receiving any form of additional funded support (including extra assistance for reading), even though they were seen as having moderate to severe difficulties. While this information is based on self-report (and thus may have involved over-reporting) what is important is that the teachers' perceptions were that they needed additional help and training to manage these situations and believed they were not receiving the assistance they thought they needed.

Finally the report by the Association of Children with a Disability (Tossell & Gourlay, 2005) called 'The Behavioural Challenge: Issues and Solutions for Children and Young People with Difficult Behaviour' provided case study examples of parents' experiences in trying to get support for their son or daughter who were being excluded from school because of their behavioural difficulties. After a careful analysis, the report made over 80 recommendations for change. In particular the report argued for the expansion of alternative schooling options.

As the focus of this study is on the provision of alternative education for those students already disconnected from school, providing a comprehensive review of the research dealing with the stress factors identified above is beyond the scope of this review. However, a brief overview of what the research says about the process of early school leaving, the importance of research into risk and resilience and the characteristics of effective schools is provided, before the literature on alternative education is examined.

1.4.2 Early school leaving as a process

Schools play an important and enduring influence on the development of children and young people and are well placed to detect students at risk and to provide timely intervention (Durlak, 1997; Dwyer, 2002; Prevatt & Kelly, 2003; Sinclair, Hurley, Evelo, Christenson, & Thurlow, 2000). However, it is only in more recent years that schools have been identified as a key setting for prevention and intervention (Adelman & Taylor, 1998; Alexander & Entwisle, 1996). Research on early school leaving has indicated that there are four important considerations when designing prevention and intervention programs. First, as already discussed in the section on mental health factors, is the importance of early experiences and a broad range of developmental pathways that can influence any individual child's life trajectory (Jimerson et al., 2000; Keegan Eamon & Altshuler, 2004; Pianta & Walsh, 1998). This highlights the need to focus preventative efforts even before a child starts school and for comprehensive assessment to take place in the design of interventions for those students that already have evidence of difficulty (Coie et al., 1993; Prior et al., 2001; Stanley, Richardson, & Prior, 2005).

Second, there are a number of factors strongly correlated with early school leaving (Rumberger, 1995; Rosenthal, 1998) and some of these factors are relatively unalterable such as socioeconomic status or intellectual ability, while other factors are more amenable to interventions, for example, absenteeism, academic failure, peer influences and school climate. Researchers argue that prevention and intervention efforts are best targeted those factors which can be more easily influenced (Christenson & Thurlow, 2004; McPartland, 1994).

Third, early school leaving is a process that occurs over time rather than being a single event or the result of a singular risk factor (Christenson & Thurlow, 2004; Rosenthal, 1998; Rumberger & Larson, 1998). Therefore, there are multiple opportunities for intervening at different points of time. Monitoring students at risk for early school leaving unfortunately often occurs only when serious difficulties arise, such as when a student fails a grade or is suspended. Sinclair et al., (1998) stress that there is a need for sustained, vigilant and supportive monitoring mechanisms both for early detection of difficulties and at key stress points such as the transition from primary to secondary school.

Victorian research by Tossell & Gourley (2005) has found that despite all the evidence that early and comprehensive intervention is important, as is vigilant monitoring, a student can go through ten years of schooling without receiving adequate support. They

provide one possible scenario that sums up how the key points for prevention and intervention might be missed in a student's journey through the education system. For example:

- Behavioural problems are identified in primary school.
- Minimal health or intervention is provided in the early years of primary school.
- Behavioural problems escalate in later primary school. Access to minimal assistance but behaviours are already too entrenched for this level of assistance to have an impact.
- Intervention is focused around suspension and expulsions from school rather than orientated to understanding the causes of behaviour and establishing options of long-term support for the student and their family.
- Primary school breathes a sigh of relief when the student moves onto secondary (High) school.
- The student becomes more 'lost' and struggles in the secondary school environment.
- Commences regular 'wagging' (truancy) from school.
- Despite the best efforts of school-based welfare staff and other professionals, wagging and difficult behaviour escalate in Years Eight and Nine (i.e. age 13-14).
- School soon becomes ambivalent about whether or not they really want the student at their school. In the time up to the completion of the age when the student is legally required to be at school (i.e. age 15) there is likely to be a mixture of suspensions or expulsions, changes of schools, referrals to specialist support and/or agreements for the student to attend school on a part-time or limited hours basis.
- Secondary school and the Department of Education breathes a sigh of relief when the student turns 15, as now they are no longer legally bound to attempt to maintain the student at school. Officially the student is no longer a 'school problem'; they are now a 'welfare system problem'.
- Enter (if it hasn't occurred already) the juvenile justice and/or child protection systems often accompanied by drug and alcohol issues. (Ibid, p.6)

The final consideration for prevention and intervention efforts is the need to focus on academic achievement and school completion, and not just the prevention of early school leaving (Sinclair et al., 1998). In promoting school completion, the importance of utilising knowledge about risk and protective factors to promote resilience, the characteristics of effective schools and the whole school reform movement are important considerations and these areas are briefly described.

1.4.3 The construct of resilience.

There are a broad variety of definitions concerning the construct of resilience in the theoretical and research literature (Luthar, Cicchetti, & Becker, 2000), however the following metaphor from a local psychologist provides an apt description: “resilience is the happy knack of being able to bungy jump through the pitfalls of life. When challenges and adversity arise, it is as if the person has an elasticised rope around them that helps them to move from surviving to thriving” (Fuller, Bellhouse, & Johnson, 2001, p.1). In order to ‘bungy jump through the pitfalls of life,’ resilient individuals have been described as having the resources to cope effectively with adversity, and these include social competence, problems-solving skills, autonomy, and a sense of purpose and future (Holdsworth, 2003).

A large number of individual, family and environmental risk factors that are predictive of developmental outcomes in children and adolescents have been consistently documented (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Dodge & Pettit, 2003; Fraser, 1997; Hemphill et al., 2004). However, research has also identified that there are a common set of risk factors for multiple problem behaviours. For example, longer-term outcomes in the areas of substance abuse, juvenile offending, pregnancy in adolescence, dropping out from school, and violence are related to early and persistent anti-social behaviour, academic failure beginning in late primary school level and a lack of commitment to school (Catalano & Hawkins, 1996; Criss, Pettitt, Bates, Dodge, & Lapp, 2002; Dryfoos, 1990; Fergusson, Horwood, & Ridder, 2005; Prior et al., 1999).

The ability of certain protective factors to mitigate the negative effects of risk factors has been documented in a number of longitudinal studies of child development in community-based and high-risk populations and have validated the notion of ‘invulnerability’ or psychosocial resilience (Garmezy, 1990; Garmezy, Masten, & Tellegen, 1984; Luthar, 1991; Rutter, 1990; Werner & Smith, 1982, 1992; Wyman, Coen, & Work, 1992). These studies have found that a certain fraction of children exposed to high levels of risk nonetheless have positive life outcomes and have consistently pointed to a variety of specific psychosocial protective factors, which seem to confer resilience in the face of risk. Resilience research, therefore, has emerged from studies of developmental risk, but addresses a substantially different question: Are there predictable and alterable characteristics, mechanisms, and interactive processes that enable some high-risk students to attain educational and personal success, despite seemingly poor odds?

Three broad categories of protective resources have been identified in the literature (Catalano and Hawkins, 1996; Masten and Coatsworth, 1995; Pianta & Walsh, 1998; Withers & Russell, 1998). These are:

- Individual characteristics such as intellectual ability, self-regulation, cognitive beliefs and positive temperament.
- Parenting characteristics such as the quality of parent–child interaction and family cohesion.
- Social contextual factors such as school and community features that promote prosocial bonding (warm, affective relationships and commitment to conventional lines of action), healthy beliefs and clear standards for behaviour.

As noted earlier some of these factors such as cognitive beliefs or experiencing warm relationships are more amenable to influence than is intellectual ability for example.

1.4.4 Characteristics of effective schools.

A significant body of evidence is emerging concerning the manner in which effective schools can exert positive influences on student behaviour and learning despite conditions in the home, social status, gender, race or ethnicity through the creation of developmentally appropriate school environments (Doll & Lyon, 1998; McEvoy & Welker, 2000; Miller, Brehm, & Whitehouse, 1998; O'Donnell, Hawkins, and Abbott, 1995). Research is starting to identify those processes in the school environment that can promote resilience in students. A key factor is fostering a 'climate of care', that promotes prosocial bonding and connectiveness between peers and adults in the school community (Catalano & Hawkins, 1996; Furrer & Skinner, 2003; Resnick, Harris, & Blum, 1993). Studies show that children who experience their school as a community enjoy school more, are more academically motivated, are absent less often, engage in less disruptive behaviour, and have higher achievement than children who do not. A recent cross-sectional study by Battistich and Horn (1997) found that the school context might moderate relationships between individual risk and protective factors and developmental outcomes, and that schools which are experienced as communities may enhance resiliency in children.

One theoretical model identifying the processes of bonding relevant to the role of schools, is the Social Development Model developed by Catalano and Hawkins (1996). This

model has identified four socialising processes that instil bonding. These are, first, perceived opportunities for participation in activities and interactions with others, second, the degree of involvement and interaction, third, the skills to participate actively, and four, receiving reinforcement when one does actively participate. When these socialising processes are consistent, the social bond has the power to affect behaviour independently of the four social learning processes and promote prosocial attitudes and behaviour through the child's identification and stake in conforming to norms and values held by the individual or group to whom they are bonded.

Other factors found in the literature relating to effective school climates in mainstream schools that have been found to foster protective processes have been summarised by McEvoy & Welker (2000). These factors include establishing appropriate assessment practices for all students directed to the early identification of problem behaviours and academic skills, clear pro-social behavioural expectations and behaviour management systems, individualised programs that enhance academic, social competence and self regulation skills, and effective instruction. Effective instruction involves increasing the amount of teacher-student contact time, substantial use of cooperative learning activities, the use of assignments that encourage schools to employ skills to solve authentic real world problems, mastery learning (i.e. small step, sequential learning with repeated formative evaluations and feedback to students) and the facilitation of emotional and social competence.

1.4.5 The school reform movement

On a broader school reform level, effective schools have been conceptualised not only as places for education but also as key sites for the delivery of a range of services to meet the needs of children, adolescents and families and have been found to be particularly accessible to high-risk groups. The concept of full-service schools has been advanced by Dryfoos (1996) who has argued that schools have the potential to act as "one-stop centres where the educational, physical, psychological and social requirements of students and their families are addressed in a rational holistic fashion" (p. 1). This concept has also been implemented, particularly in the USA, through collaborative efforts between the education and mental health sectors in delivering school-based mental health services where multidisciplinary teams of staff provide a diverse range services on the school site, such as the routine psychosocial screening of students, medical clinics, drug and alcohol treatment services, family support activities, case management and crisis intervention (Nabors, 2003; Weist, Goldstein, Morris, & Byant, 2003). It is noted that while

recommendations for the development of integrated services such as those described above, have been advanced in Australia (Australian Centre for Equity through Education, 1998; Withers & Russell, 1998), models of service delivery continue to be fragmented (Cahill et al., 2004; Chamberlain & Mackenzie, 1998; Tossell & Gourlay, 2005).

1.5 A brief history of alternative education and current issues.

Written history concerning the role of alternative schools as initially providing an alternative to mainstream education and then moving towards a focus on educating those at risk is scarce in the Australian literature (Porter, 2000). Therefore, exploring the development of alternative education draws heavily on the documented experience in the USA, particularly on the work by Young (1990) and Lange and Sletten (2002) and in New Zealand on the work by Vaughan (2006).

Alternative schools and programs have been defined as “a school established outside of the major systems of education by a group of concerned individuals in order to pursue a particular educational philosophy” (Australian Dictionary of Education, 2002, p.15). Particularly during the 1960’s and 1970’s in Australia, the USA and UK, progressive community schools were established as a reaction to the subject-dominated curriculum of traditional education. Referred to as the ‘Free School Movement’ (Middelton, 1982; Young, 1990), these schools were founded on the notion that mainstream public education was inhibiting and alienating to many students and that schools should be structured to allow students to freely explore their natural intellect and curiosity. A.S. Neill, the founder of Summerhill, a private alternative school and one of the most widely recognised proponents of the Free School movement, was also influential in Australia (Middelton, 1982). He was quoted as saying, “my view is that a child is innately wise and realistic, if left to himself without adult suggestion of any kind, he will develop as far as he is capable of developing” (quoted in Young, 1990, p.10). Free Schools were intended to give students the freedom to learn and the freedom from restrictions. Hopkins (1979) cited in Middelton (1982) has described the characteristics that set Free Schools apart for this purpose:

There was no required learning and no set discipline or controls imposed on students (natural consequences were assumed to prevail). The only moral value taught was that everyone has an equal right to self-determined fulfilment. Evaluation did not consist of assessing progress toward learning goals, but of the learning environment and its ability to facilitate the investigations the students desire and find rewarding. (p. 48)

In contrast to education based almost exclusively on academic excellence, Free Schools therefore shunned formalised teaching. While academic achievement was important, it was generally seen as secondary to individual happiness and valuable only insofar as it helped one achieve the goal of self-fulfilment (Lange & Sletten, 2002).

Using characteristics of the alternatives offered outside of public education, educators within the public school system during the 1960's and 1970's designed their own alternatives to conventional education with the advent of Open Schools (Young, 1990). These schools were characterised by parent, student and teacher choice; autonomy in learning and pace; non-competitive evaluation, and a student-centred approach. The existence of the Open Schools greatly influenced the creation of public alternatives at all levels of education, and Morley (1991) has documented these as including the following:

- Schools without Walls- emphasised community-based learning; individuals within the community were brought in to teach students.
- Schools within a School- intended to make large high schools into smaller communities of belonging; individual groups were designed to meet educational needs and interests of students.
- Multicultural Schools- designed to integrate culture and ethnicity into the curriculum; some had a diverse student body and some catered to specific ethnic groups.
- Continuation Schools- used as an option for those who were failing in the regular school system because of issues such as poor achievement.
- Learning Centres- intended to meet particular student needs by including special resources, such as vocational education, in the school setting.
- Fundamental Schools- that emphasised a back to basics approach in reaction to the lack of academic rigor perceived in the Free Schools.
- Magnet Schools- developed in response to the need for racial integration; offered a curriculum that emphasised themes meant to attract diverse groups of students from a range of racial and cultural backgrounds.

Barr (1980) and Raywid (1989) note that the promise and relevance of alternative options for students within public education was seen as a necessary tool for renewal within mainstream schools. Lehr (2004) however argues that throughout the 1980's and 1990's,

the definition of alternative schools began to narrow in scope. Many of the first open schools did not survive and options seemed to change “from the more progressive and open orientation in the 1970s to a more conservative and remedial one in the 1980’s” (Young, 1990 p. 20). In his book, Young attributes the rise of continuation schools and fundamental schools and the apparent decline of other innovations in the open school movement to the conservative climate of the 1980’s and to the increasing number of students functioning at below-average achievement levels.

A number of commentators have noted that the narrowing of the role of alternative education has continued throughout the 1990’s as a result of the increasing focus within mainstream schools on adopting high academic standards, improving accountability, and achieving excellence through academic achievement, while at the same time excluding students for violations of school disciplinary codes. Aron and Zweig (2003) argue that the main beneficiaries of these changes have been college-bound students and that “non-college-bound youth and others who for a variety of reasons have not done well in traditional public schools have largely been left behind by the high academic standards high-stakes assessment movement” (p. 1). A recent study in Australia also comes to the same conclusion and particularly focuses on the impact of increasing academic standards on male students. Teese and Polesol (2003) found that 62 per cent of Queensland boys performing poorly at school chose the image of prison to describe their experience of school. Girls were less likely than boys to register the same image but negative perceptions of school strongly correlated to low achievement. They suggest, that this sense of prison is related to an image of school and the construction of curriculum that disadvantages those not academically inclined. He says that:

The jobs these young people are able to get - apprentice mechanic, butcher, tiler, counter staff, gardener, factory hand, piece worker, shelf stacker, window cleaner - are governed by the model of learning by experience, through immersion in practice, with theory acquired on the job or scarcely required at all. This model does not demand that they project themselves through mastery of words and symbols, books and assignments, or that they make a sustained investment in the internal world of ideas which these objects represent. (p.138)

In Victoria, a lack of ‘fit’ between the academic orientation of the school and the learning styles of students (Natriello, McDill, & Pallas, 1990), was exacerbated by the closure of technical and trades schools in the 1990’s which used to be available to those students less academically inclined and provided them with a vocational pathway into future

education and employment rather than tertiary education (Haas & Touhey, 2000; Zyngier & Gale, 2003). It is only in recent years that mainstream schools have recommenced offering vocational courses and flexible learning pathways in the post compulsory years of high school as alternatives to academic streams leading to tertiary courses (DEET, 2001).

In the USA the other significant trend has been to enact 'zero tolerance' policies in response to school violence, such as the Columbine High school killings (Casella, 2003; Handley, 2003). In 1994, President Clinton and Congress enacted the Violent Crime and Control and Law Enforcement Act (also commonly known as the *Gun Free Schools Act*) in response in an effort to curb the rise of violence in schools. The Act mandated a one year expulsion of any student in possession of a weapon while participating in a school activity (Casella, 2003; Fanelli, 2001). Brendtro and Shahbazian, (2004) note that the use of expulsion and suspension has gone through cycles following the political philosophy of the times but that currently 'zero tolerance' has become a political code word for justifying increasing rates of expulsions and suspensions. Casella (2003) and Fanelli, (2001) agree and observe that increasingly schools are expelling students not just for carrying firearms, but also for other acts of violence, drug related infractions and a broad range of infringements of school policies. They argue as a result there has been a national explosion of suspensions and expulsions since the Act was passed.

In a survey of 1,534 public school districts in the USA that had alternative school settings for students who were early school leavers, Kleiner, Porch, & Farris, (2002) found that about half listed the following sole reasons as sufficient for transferring students out of regular schools: possession, distribution, or use of drugs or alcohol; physical attacks or fights; chronic truancy; continual academic failure; possession or use of a weapon other than a firearm; possession of a firearm; and disruptive verbal behaviour. About a quarter of districts also listed teenage pregnancy and/or parenthood and mental health issues as sole reasons for transferring students out of regular programs. Districts with high minority student enrolment and high poverty concentration were more likely than those with low minority enrolment and low-to-moderate poverty concentrations to transfer students from regular programs solely for possession or use of a weapon other than a firearm, alcohol or drug issues, physical fights, and disruptive verbal behaviour.

Casella (2003) and Aron and Zweig (2003) point out that the increasing practice of suspensions might satisfy knee-jerk reactions to the perception of increasing school violence but it flies in the face of research evidence. For example, Hemphill et al., (2004)

have found that being suspended raised the risk of engagement in further anti-social behaviour by five times in samples of both USA and Victorian high school students.

A critical finding of the study by Kleiner, Porch, & Farris (2002) was that while many students expelled from mainstream settings may be referred to alternative school settings, not all districts had such processes in place, meaning that students expelled due to policies such as zero tolerance did not always have alternative school options available. For example, during 1998-99, only 44 percent were referred to alternative school placements. There is also evidence that in the USA alternative programs are operating to capacity, a point that will be discussed in the next section. Furthermore, Kleiner et al., (2002) found that even if students were referred to alternative settings, not all districts allowed students to be referred back to mainstream schools even if their behaviour and attitudes had improved and regardless of their academic achievement.

As noted in an earlier section, the rate of suspension and expulsion for Australian students is unknown due to a lack of data. The problem of possessing guns in schools is also not an issue in Australia, given that there exist tighter regulations on gun controls in Australia than in the USA, although Withers (2004) has noted that there has been increasing 'moral' panic about a perceived increase in violence in schools. Nevertheless, Cole (2004) has pointed out that there is not a system in place to ensure that students suspended or excluded from school in Australia can access alternative educational options. He has observed that how students learn about the existence of alternative settings and programs "could often be explained more by serendipity than by broad community and client awareness as there is no overall strategy that considers the location and placement of alternative settings within the community" (p.11).

1.5.1 Estimates of the number of alternative programs.

In the USA, some estimate that there are over 20,000 public, private and Catholic alternative schools and programs currently in operation (Barr & Parrett, 2001; Grunbaum et al., 2002), most designed to reach students at risk of not completing school. Lange and Slatten (2002) note that there are varying estimates of the number of alternative schools because there is no agreement across the educational community as to what constitutes an alternative school or program. For example, definitions may vary with respect to location of the program, such as whether or not it operates autonomously or is an annexe to a mainstream school, and whether or not it offers a long-term alternative to regular schooling or is a short-term intervention aimed at returning students to school.

Despite difficulties in definition, there is evidence that in the USA alternative programs are operating to capacity as a result of increasing numbers of students being excluded or disconnected from mainstream schools. Kleiner, Porch, & Farris, (2002) found that one-third of public school districts with alternative schools and programs for at risk students in the USA had at least one school or program that was at capacity and could not enrol new students during the 1999–2000 school year, and 54 percent of these same districts reported that enrolment exceeded capacity within the last 3 years. Other studies suggest that there are only 200,000 alternative education placements available nationally, and only 15 percent of all out-of-school students are enrolled in some type of alternative education program (DeJesus, 2000).

Difficulties exist in Australia in estimating the number of alternative schools and programs designed to work with students at risk and underage or early school leavers (NCVER, 1999). In Victoria for example, there are approximately 60 social adjustment or assistance units and secondary teaching units attached to regular schools and also a small number of alternative schools and programs for students unable to cope with mainstream schooling in the public, Catholic, independent (fee-for-service) and community service and philanthropic (not-for-profit) education sector (DOE, 1998). These schools or programs are primarily designed for students under the compulsory school leaving age. In accord with the policy of mainstreaming students, the guideline for the operation of these schools and programs in the public sector is that they “should provide intensive, short term placements with the aim of returning students to their regular school, with ongoing support provided within the regular program” (Ibid, p15).

For students that are both underage and early school leavers, Cole (2004) and Porter (2000) have attempted to identify and categorise these programs in Victoria. In attempting this undertaking, Cole (2004) found that:

The task of clarifying the number of students in alternative settings is bedevilled by the diversity of arrangements and settings for the delivery of alternative programs for at risk young people. Indeed, even capturing information about the range of settings offering alternative programs is quite problematic, as not all programs are registered, as they range across all sectors, as the funding sources are diverse, and they come and go as funding dries up or opens up. (p. 2)

The investigations by Cole (2004) and Porter (2000) found that alternative schools and programs are not part of a stable, well-resourced and organised system because there is a lack of a statewide policy and strategic framework for the operation of alternative settings. As a result, many of the difficulties which beset alternative programs that are found in the overseas literature both in the USA and the UK (Conant, 1992; DeBois, 1994; Kendall et al., 2003; Lehr, 2004; Lehr, Lanners et al., 2003), such as over-reliance on charismatic leaders, poorly developed models, a chronic lack of funding and insufficient staffing and skills to deal with students with emotional and behavioural difficulties are features of the Victorian system. Cole (2004) argues that alternative schools and programs therefore lack the recognition they deserve as a specialised sector that requires specific skills and expertise. This lack of recognition leads on to the next issue, which is the role of alternative education.

1.5.2 The role of alternative education and the interface with mainstream schools.

There are debates within the literature about the role of alternative schools and their interface with the practices of mainstream schools. DeBois (1994) conceptualises the existence of alternative schools and programs as a response to two opposing policy directions or forces. One force is intent on pushing disruptive, low achieving or high-needs students out of education, while the other force focuses on keeping these students in school in order to complete their education. As already identified in the current climate, some mainstream schools, either formally through legislation, or informally through their own policies and procedures and/or lack of resources, may use alternative education as a way to remove students who are disruptive and violate school disciplinary codes, who are unable to keep up with academic standards or have needs too great for schools to accommodate (Aron, 2003; Kellmayer, 1995, 1995a; Lange & Sletten, 2002). On the other hand, in accepting these students, alternative programs attempt to meet the needs of these students by providing them with a learning environment in which they can succeed, and which may have been lacking in their mainstream school (DeBois, 1994; Lehr, Lanners et al., 2003; Leone & Drakeford, 1999; Long, 1998; O'Brien et al., 2001).

Given the interface with the practices of mainstream schooling, there exists a debate about whether or not alternative education should exist at all and this involves two points of view. Some commentators such as Kellymayer, (1995) have argued that too often alternative schools have been seen as dumping grounds as a result of ineffective school practices in mainstream schools and therefore are inherently stigmatising to students. Others, such as Arnove and Strout (1980), have argued that in an effort to engage

excluded students many alternative schools are assumed to offer a lower, poorer level of education which may disadvantage students attending alternative programs. Holdsworth (2003) takes a different tack and argues that alternative education is flawed because it takes the focus away from reforming mainstream schools:

We also know, through many evaluations [*note these are not specified in his paper*], that 'alternatives' that focus on 'fixing' behaviour or learning problems through withdrawing students from the 'mainstream' and then seek to return those students to the original situation, do not work. At best they might provide temporary relief for all concerned. Further, we also recognise from recent experience, that such alternatives will lack resources, can exaggerate individual difficulties and can serve to hide severe problems in the schooling system from view. (p.13)

Others however, strongly advocate for the provision of alternative education. There are three underpinning beliefs held by the advocates of alternative education: that all students can be educated given an environment tailored to their needs, that new forms of education are needed to overcome the sense of failure that students experience as a result of being marginalised by mainstream schools and finally, that there are insufficient resources, flexibility of curriculum and intensity of positive interactions in mainstream schools to accommodate 'hard-to-reach' students. A number of advocates argue that alternatives to the mainstream school model are imperative in meeting the needs of all students (Barr & Parrett, 2001; Long, 1998; 2000; Natriello, McDill & Pallas, 1990; Raywid, 1989; Wehlage & Rutter, 1987; Wehlage, Rutter, Smith, Lesko & Fernandez, 1989; Young, 1990). For example, Morley (1991) defines alternative education in terms of socialisation and public good. He says that:

Alternative education is a perspective, not a procedure or program. It is based upon a belief that there are many ways to become educated, as well as many types of environments and structures within which this may occur. Further, it recognizes that all people can be educated and that it is in society's interest to ensure that all are educated to at least a general high school level. To accomplish this requires that we provide a variety of structures and environments such that each person can find one that is sufficiently comfortable to facilitate progress. (p. 8)

Robert Long who established an innovative alternative school for young people living in out-of-home care in the Australian Capital Territory, takes the students' perspective. In

arguing his case, Long (1998) quotes Webber and Hayduk (1995) and believes that:

the establishment of alternatives external to the school system is important for students 'at risk' because the young people themselves believe that the system has failed them, it offers them no solution. Young people who are trapped in cycles of failure and self-fulfilling prophecies must be offered a new environment where they can believe that they can change their own future. (p. 113)

The third rationale for alternative education is that students in alternative settings tend to present with multiple problems and with significant barriers that seriously impede their social, personal and academic development. Many are difficult to teach, to develop a rapport with, and they lack trust in adults (Goodchild & Williams, 1994; Quinn et al., 1999). It is therefore argued that general, resource provision will not be sufficient to enable mainstream teachers to meet these students' needs so more intimate, informal and intensive settings are required to provide authentic and creative learning opportunities (Atkinson, Johnson, Wilkin, Johnson, & Kinder, 2003; Fanelli, 2001; Gregg, 1999; Lopez, 2004; O'Brien et al., 2001).

This leads to identifying some of the characteristics of alternative education and the interface with research on effective schools.

1.5.3 Types of alternative education schools and programs.

Lange and Sletten (2003) note that alternative schools and programs have evolved over the years to mean different things to different audiences and in general are characterised by their diversity. Alternative programs have been described in one of four ways: by their focus and underpinning assumptions, by their organisational structure, by their function and by their defining characteristics or essential elements. Mary Raywid (1988, 1994, 1994a, 2001) has been a leading researcher in this area and is credited with grouping alternative schools and programs into the following three types according to their focus and underpinning assumptions:

Type One alternatives are based on the theory that all students can learn if they experience a learning environment and curriculum that meets their needs and learning styles. Within this philosophy, the program changes meet the needs of students in order for them to succeed with an emphasis on innovative programs or strategies to attract students. These programs have also been coined as the 'true alternatives'.

Type Two alternatives are 'last chance' schools where students are sent as a last step before expulsion. These are often not schools of choice and their emphasis is typically on behaviour modification or remediation to change the student and return them to mainstream schools. These programs have also been called discipline or corrective alternatives.

Type Three alternatives are designed with a remedial focus on academic and/or social emotional issues and have also been called therapeutic alternatives. These programs also assume that students need to change in order to succeed in mainstream education and through counselling and other therapeutic supports, these changes can be created.

Type One programs therefore tend to focus on the match between program and student, not simply on correction of a problem within the student. Raywid (1994) notes that alternative schools most often fall into one of these categories, but may also be a mix among the three. As a result of extensive research on the types of alternative programs in Minnesota, Lange and Sletten (2002) have developed a hybrid model where the characteristics of students having a voluntary choice to participate and the provision of remediation and innovation in the curriculum are combined to form a 'second chance' program that provides students with the opportunity for success in the educational or vocational training system following difficulties or failures in regular school settings.

Without providing any supporting empirical data, Raywid (2001) claims that the first group of programs (the true educational alternatives) are the most successful, while alternative discipline programs are much less likely to lead to substantial student gains. The outcomes for the last group of therapeutic programs are more mixed with students often making progress while enrolled, but regressing when they return to a traditional school. Raywid believes that therapeutic programs have limited long-term impact on academic gains because they are often short-term. Their effectiveness might be better if students receive high-quality therapeutic programs well-suited to meet individual needs, while they also receive educational instruction, and they remain in the program for a relatively long period of time (e.g., two years or more).

The second method Raywid (1994) has used to describe alternative programs is on their organisational structure where she identified six types of programs. These are:

- community-based partial withdrawal - students are withdrawn from mainstream school on a part-time or temporary basis to a project operating in a community setting, with

the aim of eventually reintegrating students back into mainstream schools

- school-based partial withdrawal - students are withdrawn from normal classes to participate in an alternative program operating within the school. The initiative may operate as a full-time or part-time annex within a school or as a 'time-out' program parallel to normal classes
- community school - comprehensive education and support program operating as an alternative to mainstream school. Participants are usually not expected to return to mainstream school
- outreach services - provision of specialist support services to a number of schools within a particular geographical area.
- integrated whole school - a whole school approach to target 'at risk' students within the school community through innovative curriculum, physical and mental health, recreation and welfare measures (includes full-service schools and school-based mental health centres).
- event-based - focus on one particular intensive activity, such as a wilderness excursion or cultural camp.

There have been a number of attempts to map alternative education schools and programs in Victoria (Porter, 2000) and across Australia (Brooks et al., 1997) using the above schema and it was found that these categories did not capture the range of community-based vocational and employment orientated alternative programs for early school leavers that exist in Australia. An expanded typology to suit the Australian context which includes these options has not yet been developed.

The third classification option is based on what an alternative education program does. Aron (2003) provides an example of this approach:

An alternative education program is often defined by the program's characteristics, such as programs that focus on behavior, interest, or functional level. Behavioral programming might be designed for students who need a structured setting to focus on more appropriate school behaviors to facilitate their learning and the learning of others. Programs designed around student interest might include an environmental program or vocational academics.

Functional-level programs might include high school completion, academic, or skill remediation. (State of Wisconsin 2001, p. 2 cited in Aron, 2003, p. 27)

1.5.4 Essential elements of alternative education school or programs.

The literature contains numerous lists of essential elements or important descriptors of effective alternative schools. Drawing on the work of a number of researchers the characteristics summarised below is a synthesis of the common elements found in the literature that are described as promoting positive outcomes for students attending alternative schools and programs (Aron & Zweig, 2003; Lange & Sletten, 2002; Raywid, 1994, 2001). As this is an integrated list and depending on the focus of the alternative school or program, not all elements may be present due to the needs of different target groups (Aron, 2003), available resources (Kendall et al., 2003) or local community demands (Raywid, 1994a).

1. The role of the educator. The critical element of alternative programs is the promotion of a sense of belonging (Lange & Sletten, 2002). This is engendered by warm, caring and respectful relationships between students and staff where the teacher is seen as a role model, counsellor and mentor (Atkinson et al., 2003; Barr & Parrett, 2001; B. Bernard, 1996; Kendall et al., 2003; Tobin & Sprague, 1999). A low ratio of students to teachers, and schools and programs functioning as small communities offering emotionally safe environments are seen as important factors (Aron & Zweig, 2003; O'Brien et al., 2001; Young, 1990). Key attributes of staff are focused on being empathetic; non-judgemental; warm and nurturing (Edwards, 1988). Visser (2005) also notes that the ability to have fun and express a sense of humour is also important but often under recognised qualities. Teachers provide modelling and teaching of social and emotional skills (Goss-Power, 2004), opportunities to experience success (Natriello et al., 1990) and pay attention to and promote students' positive cognitions and attitudes about themselves and learning (Eslea, 1999; Robinson & Rapport, 2002).

2. Choice and high expectations. Students and teachers have the choice to participate in the program or school however, high expectations and standards are set for students (Aron & Zweig, 2003; Lange & Sletten, 2002; Raywid, 1988). This includes clear bottom-line behavioural expectations to provide a safe environment for students, often with students' being involved in setting rules and reviewing these (Tobin & Sprague, 1999).

3. Promoting engagement. Regular attendance is seen as a pre-requisite for students to re-engage in learning (Glasser, 1992) and proactive engagement strategies are employed by staff to promote attendance, for example, by making the environment more homely and less school-like or by picking students up from their homes and taking them to school (Atkinson et al., 2003; Gottfredson, 1997; Lehr, Lanners et al., 2003; O'Brien et al., 2001).
4. Student-centred education and intervention plans. Clarity around the target group the school or program is working with is required so that interventions are designed around the students' specific needs (Fanelli, 2001; Gregg, 1999). Curriculum and support services are designed to meet both the educational and the developmental, social and emotional needs of students (O'Brien et al., 2001). Multidisciplinary assessment is undertaken to identify strengths and deficits and to develop individual education and intervention plans that are reviewed on a regular basis (Atkinson et al., 2003; Crisp, 2002; Goss-Power, 2004).
5. Flexible curriculum and instruction. Teachers are allowed flexibility in designing strategies and methods that will work with their students, however this is accompanied by high academic standards and a focus on literacy and numeracy combined with engaging and creative curriculum (Aaron & Zweig, 2003; Leone & Drakeford, 1999; O'Brien et al., 2001). There is often the frequent use of experiential and authentic curriculum which links 'learning how-to-know with learning-to-do' and is based on the students' interests and abilities and their life skills (Long, 1998; Long & Webber, 1997). Specific strategies include individual instruction, co-operative learning, competency-based learning, team teaching, peer tutoring and additional individual tutoring (Beyda, Zentall, & Ferko, 2002; Glasser, 1992). Comprehensive curriculum activities may also include experiential activity-based learning or work in the community and the innovative use of information technology (Long, 2000). Where curriculum or vocational options are not available on site, networks are established with other local educational and community providers (Jones 1999; NCVER, 1999).
6. Transitional planning and follow-up. Innovative strategies and cross-sectoral collaboration is used to enable students to make transitions from programs either back into mainstream settings (Jones, 1999; Stone, 2003) or on to vocational education or employment (Kendall et al., 2003; NCVER, 1999). Follow-up is characterised by 'persistence plus' to monitor the ongoing welfare of the students (Fuch et al., 1991; Sinclair, Hurley, Evelo, Christenson, & Thurlow, 2000).

7. Site-based management and autonomy. Alternative programs are often separated from regular schools and have some degree of freedom from centralised management. Teachers, parents and students often participate in the management and decision making around program planning (Aron, 2003; Gregg, 1999; Kraemer & Ruzzi, 2001; Raywid, 1988, 1994).
8. Professional development for staff. Dependent on the program focus, specialist training and support for teachers to work with at risk students and those with disabilities is provided in addition to up-to-date research on psycho-social interventions and teaching methods (Aaron & Zweig, 2003; Ashcroft, 1999; O'Brien et al., 2001).
9. Parent involvement. Parents participate in more clearly defined ways beyond parent-teacher meetings, for example, some programs require parents to volunteer or accompany students during program activities (Aron & Zweig, 2003). Developing partnerships between home and school are seen as critical elements and are facilitated through regular communication such as notes home and newsletters and by the provision of family therapy and parenting assistance to address difficulties at home (Cody et al., 1987; McCarthy, 2000; Robinson & Rapport, 2002).
10. Community involvement. The community is involved in the delivery of activities e.g. as mentors or tutors, and students frequently are involved in service learning activities within the community (Aron, 2003; Lange & Sletten, 2002).

While the above overview paints a broad picture of what has been cited in the literature as the features of successful alternative schools or programs, there is a lack of empirical evidence evaluating the effectiveness of alternative programs, that is, research that can link these program characteristics with specific student outcomes (Friedrich, 1997; Kellmayer, 1995a; Lehr, Lanners et al., 2003). Lange and Sletten (2002) argue that “as with other fields of inquiry in their early stages, the majority of the literature on alternative education presents features or characteristics thought to be essential to the success of alternative education efforts but which are yet to be proven” (p. 30). This is a curious phenomenon given that Lange and Sletten (2002) also point out that essential characteristics of alternative schools and programs, such as small class sizes, caring teachers and supportive school communities and a focus on the personal development needs of students are those features that have been clearly documented in the research into the role of effective schools in promoting resiliency. Furthermore, Raywid (1994) has argued that historically alternative schools and programs have been at the ‘cutting-edge’ of educational reform:

Amid all the current talk of school restructuring, alternatives are the clearest example we have of what a restructured school might look like. They represent our most definitive departure from the programmatic, organizational and behavioural regularities that inhibit school reform. Moreover, many of the reforms currently pursued in traditional schools - downsizing the high school, pursuing a focus or theme, student and teacher choice, making the school a community, empowering staff, active learner engagement, authentic assessment - are practices that alternative schools pioneered. (p. 26)

Therefore, the mainstream and alternative education sectors are not distinct from one another but are mutually reinforcing and interacting paradigms that should be learning from one another. However, the research literature, either investigating the characteristics of those that leave school early or prevention and intervention strategies in mainstream schools to prevent early school leaving, appears disconnected from the research concerning the effectiveness of alternative education, although it is noted that sometimes alternative programs are included in reviews on intervention programs to prevent dropping out of school (Dynarski & Gleason, 2002). There may be a number of reasons for this lack of integrative research between sectors, which is discussed next.

1.6 Issues in researching the effectiveness of alternative schools and programs.

The lack of collaboration between the researchers into early school leaving and those involved with alternative education is a point that has not been discussed in the literature so the following reasons are based on observations drawn from reading available research or issues raised by other reviewers. The first is that the preoccupation with attempting to identify and define the organisational and characteristic elements of alternative education has predominated over research priorities in establishing effectiveness (Lange & Sletten, 2002). This is due to the inherent difficulties of defining alternative schools and arguments that the structure of these programs should not be standardised. For example, O'Brien et al, (2001) argues the key criterion that distinguishes alternative settings from mainstream settings is their diversity and autonomy, which is crucial and "such characteristics are context specific and should not be standardised" (p. 33). Similarly, Raywid (2001) has claimed that "alternative schools need to be 'home grown' and should serve as models only in the sense of a general idea to be approximated and adapted, not a program to be replicated" (p. 4). In summarising this point of view, Handley (2003) has used the following analogy to describe alternative education: "it is largely in the area of

quantum physics - prone to random outbursts of inconsistent activity, which resist delineation through quantitative representation” (p. 8). Lange and Sletten (2000) have concluded that given the great variation in alternative programs, it is extremely rare to find evaluations, which have included multiple settings. As a result, findings generally cannot be extended beyond single alternative programs.

Second, some authors argue that alternative education is a distinct pedagogy and comparisons cannot be made with mainstream schools because both the role of the teacher and the type of education provided are qualitatively different (Gerritsen, 1999; Skrtic, 1995). For example, the day-to-day role of the alternative educator is different from that of mainstream teacher, requiring for example liaison with the community, vocational and educational networks, police, health professionals and students’ families. Authentic teaching also is seen to require a different pedagogy, making it important for alternative educators to use creative strategies for the development of integrated curriculum and forms of assessment that are not necessarily dominated by conventional achievement measures. Therefore it is argued that assessment processes and achievement outcomes are difficult to evaluate and to compare with those used in mainstream schools (Gerritsen, 1999).

Third, Prevatt & Kelly (2003) have reported that there are a large number of studies that look at correlates of dropping out and the characteristics of students at risk of early leaving school, rather than on the actual intervention programs that might reduce the probability of dropping out either from mainstream schools or alternative programs. Although there are numerous studies of the hypothesised causal factors leading to school dropout, there are relatively few intervention programs that address dropout as a dependent variable and that meet acceptable standards of treatment outcome research. Christenson et al., (2001) has concluded that “currently, we know considerably more about who drops out than we do about the essential intervention components for whom and under what conditions” (p. 471). Within the alternative education literature the same can be said but from a different angle. There are numerous descriptions of the type of early school leavers that access alternative education schools and programs but very few research studies that have examined the effectiveness these programs have on student retention (Barr and Parrett, 2001).

Prevatt & Kelly (2003) bemoan the fact that there are too many theoretical orientations and models used in the dropout literature and cite as examples, strain theory, social control theory, primary socialization theory, empowerment theory, systems theory and social

competency theory. The result of using different theories is that different investigators concentrate on different predictor variables, for example, dropping out of school as a function of peer relationships, intergenerational systems, grade retention or engagement. On the other hand, in the alternative education literature, the opposite can be said to be true, as it is rare to find theoretical models underpinning the basis of intervention or studies predicting what type of interventions might modify outcomes (Cox, 1995; Cox et al., 1995). The reasons for this difference have not been discussed in the literature but it is a significant shortcoming.

1.6.1 Outcomes for students in alternative schools and programs.

The majority of research on the effectiveness of alternative education has been qualitative and has explored student feedback and satisfaction about service provision and what providers identify as important in delivering alternative education (Castleberry & Enger, 1998; Crozier & Antiss, 1995; Jones, 1999; Lloyd-Smith & Davies, 1995; Lopez, 2004; Nieto, 1994; Pomeroy, 2000). Students' sense of belonging, satisfaction, hope for the future and self-esteem are frequently examined together in research because of their importance for the success of students who are alienated from the educational system. In general, student reports of their experience at alternatives have been overwhelmingly positive. Small school size, flexibility, and teacher relationships characterised by care and concern have all been reported as reasons for high levels of student satisfaction and increased self-esteem (Griffin, 1993; Kendall et al., 2003; Pomeroy, 2000). In particular, adolescent students report appreciation for having a chance to start again, being treated like an adult and with respect, enjoying fewer rules and having choice in activities (Kendall et al., 2003). Two studies by Lange and Lehr (1997) and Gold and Mann (1984) have used comparison groups in high schools and both found that students reported more positive relationships with teachers and peers than at risk students in comparison high schools.

However, setting research parameters and standards for identifying empirically supported treatment (EST's) that have been proven to be effective scientifically is a current trend in the literature (Chambless & Hollon, 1998; Kendall, 1998; Kazdin & Weisz, 1998). A number of commentators have argued that there is a particular need for the adoption of EST's in the area of school psychology. For example, there is significant criticism in the literature that many of the popular intervention programs used in schools have not been adequately researched (Callan, Stoiber, & Kratochwill, 2000; Wilson and Lipsey, 2005). In the alternative education literature, Cox (1995) and Lange and Sletten (2002) have identified that, it is impossible to come to conclusions about the effectiveness of

alternative schools and programs due to a number of methodological shortcomings that have included the following:

- A lack of clarity around the outcomes being sought
- Few studies have incorporated pre- and post-designs using standardised measures
- A lack of control or comparison groups
- Failure to randomize the samples
- A tendency to eliminate data on program attrition and therefore results are biased to those who stay, and
- Few studies provide follow-up data on students who may leave programs early or return to mainstream settings.

From the research that is available three conclusions can be drawn. First, when effect sizes have been calculated, the impact of program intervention tends to range from small to moderate (Friedrich, 1997; Wilson & Lipsey, 2005); second, for students with mental health problems a significant proportion continue to score in the clinical range following intervention; and finally that both attrition rates from programs and a lack of success in transitioning students back to mainstream settings are areas deserving more critical attention. Each of these areas will be addressed in turn.

1.6.2 Meta-analysis of studies into the effectiveness of alternative education

Meta-analyses report results in terms of 'effect sizes' (ESs) across a number of studies. In outcome studies, an ES is a measure of how much difference there is between measures of the individual's well-being at two different points in time typically, the size of difference between measures before and after an intervention. In statistical terms, an ES is the mean difference expressed in standard deviation units. An ES of zero indicates no change, a negative ES means a reduction in an outcome, and a positive ES generally refers to an improvement in an outcome measure. Various other interpretations of ESs have been suggested. Cohen (1977) provides the most widely accepted guideline in interpreting ESs, suggesting that .2 is small, .5 is moderate and .8 is large. It should also be noted that a small ES can be very impressive if, for example, the outcome is difficult to achieve (e.g., a severe emotional disorder) or if the outcome is highly valued (e.g., reducing attrition from programs). On the other hand, a large ES does not necessarily

mean that there is therapeutic value in the change, particularly if it is not related to the aims of the intervention.

Stroiber and Kratochwill (2000) report that over 300 clinic-based research studies have been conducted with children and youth aged between 2 and 18 years of age. Various meta-analyses of this literature show average effect sizes between .70 to .90 in favour of the intervention group relative to controls using interventions based on applied behaviour analysis, behaviour therapy, or cognitive therapy. This means that children in the intervention groups (on average) outscore 76% to 81% of the control children on the dependent measures (Gresham, 2004). However it does not necessarily follow that the same effect sizes would be observed in school settings, and there is a need to distinguish between efficacy and effectiveness. Efficacy refers to randomised, controlled and systematic evaluations under tight experimental conditions with the clinical trial being the proto-typical example. Effectiveness on the other hand, focuses on the application and generalisability of intervention methods in the real world. It is therefore possible for an intervention to have efficacy evidence but not effectiveness evidence. A review by Rones and Hoagwood (2000) noted that school-based mental services and alternative education programs offer an opportunity for researchers seeking to study treatment modalities in the real world.

Two studies that have undertaken a meta-analysis of the outcomes in alternative education are provided. Friedrich (1997) surveyed the literature to identify 748 articles on alternative education. However, when restricted to full-time alternative programs which included an assessment of student outcomes, only a total of 41 evaluation studies of 36 different alternative education programs were included in the analysis. Four categories of programs emerged from the data where evaluations had been undertaken. These were 1) programs serving students excluded because of their special needs such as pregnancy or early parenting, former dropouts and students with substance abuse problems, 2) remedial programs for students whose academic performance was at least two years below grade level, 3) students with poor academic achievement who were provided with student-based and experiential learning approaches and 4) discipline programs for disruptive students. In the first three categories students attended the programs by choice whereas the fourth program was by referral and there was no choice in the student's placement.

The type of research design employed most often was a pre-post-design comparing student performance before and following alternative education. However, only 27% included both means and standard deviations, which could be used to compare effect

sizes. Therefore the number of studies included in the meta-analysis was small, ranging from three to nine for each of the outcome areas. Program effectiveness was examined in terms of five outcome areas: students' achievement in reading and mathematics and general achievement in terms of grade averages, student attitudes towards school and learning, student behaviour as measured by disciplinary actions such as suspensions and contact with the police, student rates of attendance and patterns of truancy, and student attrition rates. Remedial programs appeared most effective in improving student achievement, with average ESs of .69 in reading and 1.116 for maths. This category also had the largest effect in terms of student attitudes ($ES=.37$) and students' attendance ($ES=.87$). Outcomes for students attending special needs programs included only studies on attendance and general achievement where the ESs were .54 and .65 respectively. Programs with an experiential curriculum focus were found to have small effects on all outcome dimensions (ESs range from .21 to .38) except for general achievement where the effect size was .54. Results for the discipline programs all were poor with the largest ES being .20 for reading while for all other dimensions ESs were negative, especially for student behaviour ($ES= -.70$). When matched samples of at risk students attending mainstream schools were employed, gains in student achievement were significantly diminished and negative effects were found for student attendance. However, larger positive effect sizes were found for student attitudes. Friedrich (1995) concluded that even though some of the results looked promising, the database was too small to make definitive statements about the effectiveness of alternative education programs.

Current research undertaking meta-analysis of studies confined to examining the outcomes for alternative education could not be found in the literature. However, Wilson and Lipsey (2005) have recently examined 219 studies of the effectiveness of school-based programs for preventing or reducing aggressive behaviour in students, including those students attending regular and alternative school settings. The studies were broken down into four categories according to target group. The following ESs were found: for universal programs involving 103 studies, the overall ES was .18, for selected or indicative programs (for students already showing some signs of difficulty) involving 61 programs, the overall ES was .29, for multimodal programs involving 17 programs, the ES was .06 and for special needs and alternative programs involving 37 studies, the ES was .07. Wilson and Lipsey (2005) comment that the poorer effect sizes for the multimodal and special/alternative program groups need to take into account that the students generally had severe behavioural difficulties resulting in their placement outside mainstream schools.

1.6.3 Intervention studies for students with mental health difficulties.

Reviews of the impact of alternative programs on the mental health outcomes could not be found although they exist in the literature on the provision of school-based mental health services in public school settings (e.g. Nabors, 2003). Therefore, two studies have been selected for review according to the criteria that they involved students of primary school or early secondary school age and used standardised measures to examine changes in mental health symptoms as a result of program intervention. Both the studies illustrate the difficulty in making significant changes to the level of mental health symptomatology once difficulties become entrenched.

The first study, by Panayiotopoulos & Kerfoot (2004) involved 124 pupils aged four to twelve years living Manchester, in the North-West England, who had been excluded from school and were at risk of developing more serious mental health difficulties. The students were randomly assigned to a control group (n=62) or the intervention group (n=62) and the impact of intervention was assessed against the number of days students were excluded from school over time. However, it was found as a result of randomisation error, the groups were not matched in that students in the intervention group received a total of 589 excluded days, (fixed and permanent) and included eight cases of permanent exclusions prior to joining the study, while the control group had received 317 excluded days and included only one case where the student had been permanently excluded.

In both groups, boys outnumbered girls (10:1) and the majority of the sample were living in single or reconstituted families that led chaotic lifestyles. There was a high rate of clinically significant emotional and behavioural difficulties across samples (70%) and included sexually inappropriate behaviour, self-harm, poor social skills, and aggression towards staff and other students.

The intervention group had the opportunity to be treated by a multi-disciplinary 'Home and School Support' team consisting of a social worker, an educational psychologist, a community psychiatric nurse and a play therapist. This team offered rapid assessment and negotiation of a treatment plan with the child, the family and the school. Following assessment of each child and depending on the plan, a range of interventions were offered such as family therapy, individual cognitive behaviour therapy or supportive psychotherapy, and school support through consultation was provided with school staff by members of the team. Many of the children were treated in the school setting in order to maximise school re-integration and to provide regular consultation to teachers and

other staff about new or different ideas for working with the child. Students in the control group on the other hand, received the usual referral to student welfare services.

Data was collected at three assessment points over a two year period- recruitment (Time 1), post-treatment at three months (Time 2) and long-term follow-up at six months (Time 3). Measures included the Strengths and Difficulties Questionnaire (SDQ), (Goodman, 1997), a number of general health questionnaires and an Excluded and Suspended Children Interview Schedule that was adapted for the younger age group.

The subjective reporting by the intervention team and the families regarding the impact of treatment was highly positive. The intervention group showed a slight reduction in excluded days between the two post-treatment assessments while the standard group recorded a slight increase. This difference was not statistically significant. However, when non-compliance cases ($n=8$) were removed from the intervention group, the intervention group did significantly better and managed to reduce the number of excluded days compared to those in the control group and those in the intervention group that did not comply. To illustrate this point, the cases that did not comply had a two-fold increase pre-treatment to the three month follow-up in the total number of days excluded from 77 to 160 days while those that complied had a reduction of 512 days pre-treatment to 142 days post-treatment. Anecdotal evidence suggested that schools found the knowledge related to the student's history and family background influenced their understanding and reduced the likelihood of exclusion for the students in the intervention group.

The psychosocial interventions for the students' mental health problems however were found not to be significant over time even when the non-compliance cases were removed from the sample. There was a modest decrease pre-to post-three months treatment on the SDQ and then a slight increase at six months follow-up. The researchers argued that the lack of significant change in the level of psychopathology despite intensive intervention points to the need for earlier intervention, since the difficulties for most for the students in both the intervention and control group had commenced in early primary school.

The second study Robinson and Rapport (2002) reports on a multi-disciplinary intervention involving 142 students aged 5 to 16 years (79% boys and 21% girls) who participated in a twelve-month withdrawal day treatment program within a school in Utah, USA. All of the students were exhibiting emotional symptoms beyond the scope of outpatient treatment and students were selected because of failed past placements in less restrictive settings. In terms of diagnosis, 97% of students in the sample had been

classified as having a Severe Emotional Disorder (SED), with ADHD or ODD comprising 77% of the group.

The mental health team included psychiatrist, psychologist, social worker and education teacher, aide and speech therapist. Functional behaviour analysis and individual behaviour plans were developed for each student. Intervention involved cognitive-based behavioural interventions, social skills training, weekly family therapy and parenting programs. As the students' behaviour improved they spent increasing time in regular classrooms and partaking in community activities. The parent-rated version of the Youth Outcomes Questionnaire was administered three months apart over 9 months and at follow-up after 9 months. Primary age students were found to have a more serious level of symptoms pre-treatment but made the most significant gains post-treatment, whereas adolescents showed the largest improvement between 3 and 6 month following the initial assessment. Using a reliable change index of 13 points, overall 46.5 % of the sample showed improvement over time, with 25% of the students scoring below the clinical cut off at follow-up. However, by clinical standards, nearly 75% of the sample continued to score in the clinical range at post-treatment and at follow-up. No difference was found between boys and girls nor between internalising and externalising symptoms. The researchers conclude that the majority of students required sustained treatment over time and that 12 months intervention was insufficient. It is noted this study mentioned an attrition rate from the program but actual numbers were not provided, nor were details about the students' outcomes in terms of transitioning back to mainstream education.

1.6.3 The impact of alternative education programs on academic outcomes and transitioning back to mainstream schools.

If students are to return to mainstream schools improved academic outcomes are imperative. However, research that has documented academic outcomes for students attending alternative schools have often indicated mixed results. A review of available studies examining academic outcomes showed little or no change or a decline on standardised tests over the course of a school year (Carruthers & Baenen, 1997; Dugger & Dugger, 1998; Lange & Lehr, 1999; Tenenbaum, 2000). The mediocre-to-poor results of evaluations have led some researchers to propose that student attitudes during testing may have a strong negative effect when students feel little investment in the outcome (Dugger & Dugger, 1998) or that short-term interventions with students who have low academic

achievement levels are insufficient to allow students to catch up with their peers (Lange & Lehr, 1999).

The other consistent theme in the literature is that further research is needed on the factors that promote successful re-integration into mainstream schools or when moving onto further education and training. Chalker and Brown (1999), cited in Stone (2004), reviewed the documented outcome studies on effective transition and found that while 80% of programs practise re-integration around 50% of students are unsuccessful in returning to mainstream school. Cox (1995), for example, studied 40 students aged between 11 to 15 years in a program for young offenders aimed at returning students back to mainstream schools following one year's attendance at an alternative education school. This group was matched with a control group referred to the program but not selected to participate in the program. This is the reason for its inclusion in this review even though more recent studies exist. Cox (1995) found that upon transition 15% dropped out immediately post-program and 56% left at follow-up one year later. These results are not atypical. The outcomes from more recent studies report that between 40 to 60 percent of students returned to mainstream settings drop out or are returned to more restrictive settings at follow-up (Goss-Power, 2004; Jones, 1999; Mattison & Spitznagel, 2001; Stone, 2003). Further, while Cox found that students attending the alternative education program had more positive attitudes towards school, better school grades and attendance levels immediately following the program than did the control group, these changes disappeared at the one-year follow-up period. That is, once students returned to their regular school, their attitudes towards school and grades decreased. Cox (1995) argues that the alternative program set the students up for failure when returning to regular school. The students were sent straight back without a transition process and they "may have experienced culture shock from going from a relaxed environment with caring teachers that picked them up from home to a system where they were left to fend for themselves" (p 148). He recommended ongoing part-time attendance at the alternative program and the provision of additional tutoring and counselling to facilitate the maintenance of gains the students had made.

The need for more appropriate support and a slower transition process is recommended by a number of other researchers that have found disappointing results for a significant proportion of students leaving alternative schools and programs (Fuch et al., 1991; Goss-Power, 2004; Jones, 1996; Mattison & Spitznagel, 2001; Stone, 2004). Morley (1991) has described a 'revolving door' syndrome in that students who exit alternative education

programs often return because of the failure to provide them with ongoing support. Stone (2004) also points out that:

criticism from opponents of alternative schools can be expected if students do not continue to show progress when they make transition from these programs, however transitional support requires time, resources, support and communication between the home school and the alternative school and this is often sadly lacking. (p. 234)

Issues identified by researchers at a school level which impede successful transitions have included an unwelcoming atmosphere of the mainstream school, the influence of the students' past reputation, school size, academic rigor, the reluctance and/or the lack of skill in regular teachers implementing necessary classroom modifications or intervention strategies and limited availability for collaborative communications between staff in the alternative education and regular school settings (Fuch et al., 1991; Jones, 1999; Stone, 2003).

1.7 Unresolved issues for future research.

Lange and Sletten (2002) have argued that in order for alternative schools and programs to find a place within the educational system, it is necessary that alternative educators, policymakers and researchers base their judgments on more than anecdote and assumptions about effective characteristics and be more vigilant in linking these to student needs and outcomes. While research on alternative education does exist, it does not adequately address the many questions that remain and they conclude that "it seems the stage is set for a wave of research addressing the nature, scope, and practice of alternative schools and programs" (p. 34). Some of the questions that remain both in the overseas research and in Australia are the following:

- What is the definition of alternative schools?
- How can procedures and policies for reporting the number of programs, the type of students accessing programs and type of service provision be improved?
- What are the procedures for student enrolment in alternative schools? Are students entering for reasons that are consistent with the alternative school's mission and policies?
- Should programs be long-term or short-term? How should they differ according to the

different developmental needs and circumstances of students?

- How many students with mental health problems are attending alternative schools? What are the implications for model development and the incorporation of different theoretical approaches to intervention?
- How are issues of referral, service provision, staffing and collaboration with other professionals best handled?
- What is the availability of quality staff at the alternative schools? What training and ongoing staff development needs to be provided?
- Are high, yet realistic, expectations particularly around academic achievement maintained for students attending alternative schools?
- Are alternative educators participating in the changes and accountability requirements of mainstream curriculum? How is that affecting instruction?
- Can high standards be met while maintaining flexibility and the innovative instructional approaches that have characterised alternative schools?
- How can better collaboration and knowledge exchange be promoted between investigators concerned with early school leaving and alternative education?
- How should desired outcomes for students attending alternative schools identified and how should these outcomes be measured?
- What is the rate of attrition and school completion for students? Are there differences according to different target groups, for example between students with mental health problems and those with poor academic achievement who attend alternative schools?

Filling these research gaps would help identify appropriate policies, strategies and programs to better meet the needs of students requiring alternative schools and programs in order to continue their education. In the present research study it was expected that many of the issues above will be raised and explored in the process of identifying the needs of students attending St Augustine's, interviewing staff, parents and students about the model of service provision and the relative strengths and weaknesses of current service delivery, and in an analysis of the outcomes of intervention for the students. The background to the research and the hypotheses to be tested are described next in Chapter Two and then in Chapter Three the research methodology is described in detail.

Chapter 2

Background Context to the Study

2.1 Research partnership.

The Australian Research Council's Strategic Partnerships with Industry-Research and Training Scheme (SPIRT) funded the study. This scheme is designed to facilitate collaborative research between universities and industry. The research partners that made the successful submission were Australian Catholic University (ACU), the Catholic Education Office Melbourne (CEOM), and MacKillop Family Services. MacKillop Family Services is the auspice agency for the site of the study, St Augustine's Education and Training Centre (shortened to St Augustine's from hereon in). The impetus for obtaining the research funding arose out of a need for relevant research and evaluation of current programs provided by St Augustine's. These programs aim to address the psychological and educational needs of students that are at risk of underachieving, failing or dropping out of school and those who have already become disconnected from mainstream education.

The industry partners had a pre-existing history of collaborative effort and goodwill. Throughout 1997 and 1998 the CEOM, MacKillop Family Services and the Victorian Department of Human Services (DHS) commissioned research to examine prevention and intervention strategies for educating young people at risk. The chair of the Steering Committee for this research was Associate Professor Marie Joyce from the School of Psychology, Australian Catholic University. The result of the research was the publication of the report, *'Educating for Resilience: Prevention and Intervention Strategies for Young People at Risk'* (Withers & Russell, 1998).

Subsequent to this research, MacKillop Family Services approached the Australian Catholic University to undertake an evaluation of the Educational Mobile Unit (EMU) program. A preliminary process and impact evaluation of the program was completed by a Masters of Psychology student at Australian Catholic University and has been published as a short report entitled *'EMU Education Mobile Unit: A preliminary evaluation'* (Fersterer & Joyce, 2002).

The Catholic Education Office Melbourne (CEOM) has a significant interest in assessing how the programs run by St Augustine's are meeting the needs of their students. The CEOM provides leadership and support to Catholic schools in all areas of policy

formation and implementation. The number of Catholic schools in the Archdiocese of Melbourne represents the fourth largest education sector in Australia (CEOM, 2006). The establishment of the Catholic education sector has its origins in the way Australia was colonized. The majority of the early immigrants were from England, Scotland and Ireland and these immigrants brought with them the British traditions of economic, social, religious and cultural life. Religious and cultural bigotry and tension between Catholic and Protestant faiths travelled to Australia with the British immigrants. Melbourne's earliest charitable groups providing shelter to destitute and homeless children were formed along respective church congregations comprising Catholic, Methodist, Church of England and Presbyterian faiths. The religious orders were also keen to ensure that children should be educated in the faith of their forebears and therefore established their own schools (Barnard and Twigg, 2004).

The CEOM has been involved in a number of research innovations and partnerships. For example, in conjunction with the Centre for Adolescent Health, the Office was involved with research looking at developing a range of strategies aimed at enhancing young people's connection to school (Patton, et al., 2000) and more recently in association with the Australian Youth Research Centre, University of Melbourne, has commissioned research into the welfare needs of Victorian Catholic schools (Cahill, Wyn, & Smith, 2004).

To inform the future program development and strategic planning, MacKillop Family Services hoped that the study would provide a systematic evaluation of programs delivered by St Augustine's to ascertain 1) a clearer understanding about the needs of the students attending their programs, 2) the theoretical basis of their work and 3) the outcomes of program intervention. It is noted that program data is currently not aggregated and the research offered the opportunity to assess the needs of students and the outcomes of intervention across all of St Augustine's programs.

Tiller, Krupinski, Burrows, MacKenzie & Hallenstein (1997) point out that interventions targeted to 'at risk' populations should be developed from sound local data. Patton (1986; 2002) and Hernandez (2000) also argue that evaluations should be user-orientated and aimed at the interests and the information needs of the key stakeholders. It is therefore significant to note that the impetus for undertaking the study initially came from the Principal and staff working at St Augustine's.

A Research Management Committee was established to provide expert advice and to oversee the implementation of the study. This Research Management Committee met at least tri-annually. Minutes were taken at each meeting to record agreements and action to be taken following each meeting. The Committee comprised five people including the researcher, with one person representing each research partner and the fourth position allocated to the Principal of St Augustine's. The representatives were:

Associate Professor Marie Joyce, Australian Catholic University

Mr. David Huggins, Head of Student Welfare Services, CEOM

Ms Anne Condon, Regional Director of Barwon region, MacKillop Family Services

Brother Russell Peters and Ms Jan Smith, Principals of St Augustine's

2.2 The Research setting.

2.2.1 The auspice agency.

MacKillop Family Services was formed on July 1, 1997 from the amalgamation of child and family services managed by three religious Catholic orders. These were the Christian Brothers, the Sisters of Mercy and the Sisters of St Joseph. Using original sources, case records and oral history interviews with children, families and staff, the rich history of the founding bodies in providing Catholic welfare services in Victoria has been documented by Barnard and Twigg (2004) in their book *'Holding onto Hope: A History of the Founding Agencies of MacKillop Family Services 1854-1997.'*

MacKillop Family Services is registered as a company limited by guarantee that comprises six members, two from each of the three religious orders. These members appoint a Board of Management comprising eleven members and the Board is responsible for ensuring adherence to the Mission and Vision of the organisation and overseeing financial, policy and programmatic development. The mission statement of MacKillop Family Services builds on the ethos and spirituality of the founding bodies, incorporating the values of collaboration, compassion, hope, justice and respect. These values underpin the agency's mission both at an individual and community level and are expressed by empowering children, young people and adults through helping relationships where they feel acceptance, trust and confidence; standing with those who struggle for justice, peace and hope, and in partnership with those on the margins, advocating for positive social change and a just society (MacKillop Family Service's Mission Statement, 1997).

As a result of amalgamating the resources of the founding bodies, MacKillop Family Services is a large multi-service Catholic welfare agency that provides a range of disability, child welfare, family support and educational services in the Southern and Western regions of metropolitan Melbourne and in the Barwon region of Victoria. It has a budget that exceeds \$22 million, employs 360 staff and is assisted in its work by more than 300 volunteers, including 120 foster families (MacKillop Family Services Annual Report, 2004).

2.2.2 The research site.

St Augustine's is one of MacKillop Family Services' three education services and is based in Whittington, Geelong, a major regional town approximately one hour from Melbourne. Six separate programs are provided from this site. These are the Education Mobile Unit (EMU) for primary and secondary students, St Helen's Special School for primary students and three specialist programs for adolescents that include 'The School', 'New Street' and the 'Youth Ed-venture Program' (YEP). An overview of St Augustine's mission, the characteristics of the target group, the history of each program and their current program parameters are provided. This is followed by a description of the funding base, the organisational structure of St Augustine's.

2.2.3 Mission.

St Augustine's mission is to specifically work with children and young people who are marginalised by the education system. The underlying organisational ethos of St Augustine's is to offer students a sense of community that provides acceptance, and a fresh start in a safe environment, positive opportunities for participation and the experience of success. This is reflected in St Augustine's mission statement, which reads as follows:

The community we form is characterised by our acceptance of change and disappointments, fun and laughter, friendship, sense of team, belief in the goodness of young people and by being client centred. We effect change, are healing catalysts, stay positive and offer hope for the future.

For the young people that come to us, we invite them into our community by offering them acceptance. We enable them to restore balance in their lives by

offering them a fresh start and a positive, peaceful and stable environment where they can learn and grow.

We help them to become stronger in themselves by enabling them to grow in self-esteem, encouraging them to set realistic goals and take responsibility for their own behaviour, and by fostering links with their families and the wider community.

We program in a flexible and creative manner to enable each young person to experience success both academically and in the skills needed to become a safe, confident member of society in which we all live. (St Augustine's Mission Statement, 2001)

St Augustine's clearly emphasises humanitarian values with change being facilitated by promoting quality relationships between students and staff rather than the mission specifying a model of intervention, a tool bag of techniques or the delivery of a menu of services. The expected outcomes also focus on student growth, confidence and self-reliance rather than solely being concerned with academic success. It is recognised that links between the students and their families and communities need to be fostered. As an alternative school, this mission contrasts sharply with the ethos found in the charter of many mainstream schools where the emphasis is on achievement and striving for academic excellence in competitive environment. Fanelli (2001) has also commented that mission statements in alternative schools where the approach is rigidly behaviourist tend to minimise the importance and influence of reciprocity between staff and students.

2.3 Target group characteristics.

A number of different descriptions about the special needs of the target group attending St Augustine's were available in written documentation and these were reviewed at the commencement of the study. Most descriptions referred to the needs of students attending individual programs. While it is recognised that the of individual circumstances may vary widely, it was difficult to find an overall summary of any common characteristics. An exception was an earlier program document written about St Augustine's by Brother Peter Flint (1997), the former Principal of St Augustine's School. His description of the characteristics of students attending St Augustine's provides a basis for later examining these with the findings of the study.

Flint (1997) used a mental health lens to assess the needs of students attending St Augustine's and reported that students primarily were experiencing emotional and social disorders in addition to socioeconomic disadvantage. Typically these students are referred to St Augustine's because they demonstrate a reluctance or refusal to attend school, or are effectively excluded from school for behavioural reasons - usually violence, non-compliance or major disruption. Often they are unmotivated towards any further schooling or training and are alienated from educational structures. For older students, totally disconnected from education, he reported that they appear to be currently unemployable due to a lack of motivation, personal attitudes, behaviour patterns and values incompatible with successful job retention. The individual, family or broader community factors that may lead to the students' referral to St Augustine's and may impact on their ability to learn as identified by Flint (1997) were the following:

- Being disempowered and marginalised by a society dominated by a literate culture
- Possessing a mindset that schools are places associated with failure, rejection and alienation from authority.
- Alienated from and rejecting of conventional learning activities.
- Having a sense of hopelessness as regards their ability to learn and their personal future.
- The frequent occurrence of specific impairments in cognitive processing and mental health functioning.
- Significant deficits in general achievement, including being a number of years behind in reading and writing skills.
- Lacking social skills with a resultant inability to function effectively within groups and with their peers. Aggression and anti-social traits are common.
- Coming from families that generally devalue learning and with a lack of role models for employment, education and training. Generally families have long histories of Social Security dependence.
- Coming from a family culture that does not value physical activity and sport, and is generally ill informed in health issues.
- Drug involvement, sexual experimentation, risk taking behaviours, heavy smoking and alcohol consumption and association with anti-social peers in order to gain acceptance and prestige. (p.7)

These characteristics indicate that students may have been subject to many of the risk

factors identified in the literature, such as learning and mental health difficulties (Blackbory & Wagner, 1996; Collins et al., 2000), poor achievement (Battin-Pearson et al., 2000; Collins et al., 2000), socioeconomic disadvantage (G. N. Marks & Fleming, 1999), or affiliation with anti-social peers (McEvoy & Welker, 2000) that result in their marginalisation, loneliness, rejection and social isolation from school and also disengagement from the influence of protective factors in their family, peer and community environment. The qualitative evaluation of the Secondary EMU program by Fersterer & Joyce (2002) similarly found that *“associated with the disengagement from school is typically a myriad of social, behavioural and familial difficulties which need to be addressed for the young person to develop academically”* (p.14).

St Augustine’s Curriculum Standards Framework (2002) provides the policy and program parameters for the educational aspect of service provision and the pedagogy underpinning curriculum design, delivery, assessment and review. In the process of developing this framework, staff identified a range of typical behaviours that they needed to target for behavioural change and skill development in order for students to successfully return to mainstream school or move onto vocational learning. These were:

- An inability to build or maintain satisfactory interpersonal relationships with their peers and teachers.
- Inappropriate types of behaviours or feelings under normal circumstances.
- Bullying and harassment towards other students and staff.
- Physical attacks on others.
- Refusal to follow staff directions and instructions.
- Unacceptable language including threats, swearing, obscene comments, negative comments, mimicry, mockery and baby talk.
- Misbehaviour whilst traveling in vehicles.
- Destruction of property.
- Refusal to accept consequences.
- Non-compliance with school rules. (Ibid, p. 12)

These behaviours can be conceptualised as being related to delays or deficits in the social and emotional development of students (Bernard, 2005) and the predominant expression of mental health difficulties of an externalising nature characterised by rule-breaking, non-compliance and aggression towards others (Kazdin, 2000). An assessment of the

needs of students referred to St Augustine's and the type of social, emotional and behavioural difficulties they experience in comparison to their peers has not been undertaken previously and the study afforded the opportunity to document these using a standardised and systematic process of data collection and measurement.

2.4 History of program development and current service provision.

The six programs at St Augustine's each have a unique history. The origins of each program and changes that have occurred over time are briefly chronicled prior to describing their current service delivery brief and funding arrangements. The programs are presented in order of the length of time they have been in operation. The specifications for current service delivery have been drawn from St Augustine's promotional pamphlets and other materials, which are circulated widely within the community and to potential referrers.

2.4.1 St Augustine's School.

'The School' has its origins in the operation and ongoing development of St Augustine's orphanage. Barnard and Twigg (2004) have described the circumstances of two of the first ten boys to be placed in the orphanage in 1857.

Two brothers, Frederick and William aged four and six, wandered the busy streets of Geelong. The boys were not native to Geelong, they had been born in Van Diemen's land, probably of an ex-convict, for their father was known to the police and their mother was unknown. A hairdresser noticed the little boys wandering the street without food or home and took them in.....Fredrick and William along with eight other boys moved into a partly built Geelong Orphan Asylum and learned their lessons at the little church school at St Augustine's. Their teacher also managed the orphanage, assisted by a matron who cooked and sewed and a number of domestic servants. Here Frederick and William remained until they were ready to take their place in the world. Fredrick left first at the age of thirteen apprenticed to a butcher close by and two years later William left bound to work for five years for a dairyman nearby. (pp. 3-4)

The Friendly Brothers, an organisation of Catholic laymen first established the orphan's asylum that cared for Fredrick and William. In 1878 the Christian Brothers arrived from Ireland to take over the asylum's management. The founder of the Christian Brothers in

Ireland was Edmund Rice who began teaching young boys of Waterford, Ireland in 1802 with a vision of leading these boys out of a life of degradation and poverty through care and education. This was the tradition that the Christian Brothers brought to Australia in caring for neglected and abandoned children (Chapman, 1993).

In 1864 the Victorian Neglected and Criminal Children's Act enabled courts to send children to government-run training institutions and made provision for independent bodies, which were mainly church-operated organizations, to establish industrial schools and homes for neglected children. This Act provided for a weekly per capita sum to support the children, although this sum was always insufficient to meet the costs of running the orphanage (Ibid, 1993). St Augustine's orphanage expanded in size over time and changed locations twice to accommodate a growing demand for its services. In the 1930's for example, it was accommodating and educating over 200 children at one time and *"the orphanage was partially self sufficient whereby the boys were involved in making their own clothes, sheets and boots, ran a farm for the provision of food and learnt a range of skills in wood working, broom making and cooking"* (Barnard and Twigg, 2004, p. 148). In 1947, the Christian Brothers registered a junior technical school within the orphanage in order that the boys left the orphanage with a formal trade qualification in woodwork, metal work, art or science. By the 1960's however, changes in the philosophy of the provision of alternative care and education led to the majority of boys attending school outside of the orphanage so that they could mix with other students in the community.

In the 1980's after a major review by the then Department of Community Services, the orphanage was sold in 1987 and St Augustine's school moved to the present site Whittington in 1988. Chapman (1993) notes that over its 114 year history, St Augustine's orphanage cared for an estimated 8708 boys and to the present day a group called the 'Old Boy's Society', comprised of former residents, continues to meet regularly.

After the sale of the orphanage the name of the service was changed to St Augustine's Adolescent and Family Services to reflect the Christian Brothers' new role in managing the school and a small number of residential settings for young people unable to live with their families. Flint (1996) explains that during this period the young people in residential care were expected to be able to attend community-based schools, yet *"there remained some students that could not be accommodated in these settings because of behavioural*

reasons” (p.6). Therefore St Augustine’s school commenced a re-direction and gradually built up its skills towards catering for students with major behavioural problems, including young people drawn from the local community who were having major difficulties in their mainstream schools. This continues to be the role St Augustine’s school (now called ‘The School’) plays today. A description of the current program is provided below.

‘The School’	
Program description	‘The School’ is a specialist secondary school that provides an alternative education program for secondary students who have been excluded from school. Students attend full-time (4 ½ days) for varying periods of time.
Target group	Secondary school students aged 12 to 15 years who are excluded from mainstream school but who are able to participate in some degree of schooling.
Program capacity	At any one time the program works with up to 12 students.
Aims and objectives	<p>‘The School’ aims to re-engage or maintain young people in an educational process by:</p> <ul style="list-style-type: none"> ▪ Providing a secure and peaceful environment in which young people can learn ▪ Offering positive recreational and physical activities ▪ Encouraging young people to be responsible for their actions ▪ Helping young people learn to manage their behaviour.

The length of intervention is described as varying periods of time. A number of students have remained in the program for periods of up to two years or more. During the course of the study the length of the program was reviewed and it was decided that students would attend for a maximum of 12 months.

2.4.2 St Helens Special school.

St Helen’s school has its origins in the historical work of The Sisters of Mercy who came to Geelong from Ireland in 1859 and worked with abandoned orphan girls. The order of the Sisters of Mercy was formed by Catherine McAuley, a woman who *“never wanted to become a nun, but only to serve the poor”* (Barnard and Twigg, 2004, p 22). Catherine was 53 years old when she decided to use the part of a substantial inheritance to build an

institution known as the 'House for Mercy' for unemployed servant girls and a school for underprivileged children in Dublin. The then Archbishop of Dublin suggested that she become a nun, so that the House of Mercy could be regulated within the church and so Catherine McAuley subsequently became the founder of the Sisters of Mercy. Like the Christian Brothers, the school run by Sister Catherine McAuley reflected a belief that education was the best means of improving the lives of poor children. It is noted that the Sisters of Mercy were unusual in their time, as *"they ventured out in public to carry out their work visiting and caring for destitute families and this earned them the nickname 'the walking nuns'"* (Ibid, p. 22).

In coming to Australia, the Sisters of Mercy established St Catherine's orphanage in Geelong and in 1864 they first opened their doors to fourteen young local girls to the school on the grounds of the orphanage. The Sisters set out to give them *"a finish to their education and training as servants and then to procure for them a suitable situation"* (Ibid, p. 27). Changing social values and norms that impacted on the way St Augustine's orphanage provided its services were also mirrored by St Catherine's and by the 1960's the primary-aged boys and girls living in most of their homes were given the opportunity to mix with other children at the local Catholic school rather than being educated on the grounds of the orphanage. It is noted that, a survey of Victorian child care institutions in the early 1960's revealed that, compared with the general population, those in institutional care were more likely to be at least one year behind the accepted grade level for their age, regardless of their level of intelligence. As a result, the Sisters of Mercy, like the brothers at St Augustine's, began to operate remedial education programs for those children falling behind.

In the 1970's Sister Agatha took over as Superior of St Catherine's and implemented a number of innovative programs under the banner of a new name 'Mercy Family Care'. These programs included employing a social worker to assist in re-uniting children with their families, establishing small family group homes, staffed by married couples to provide care and developing one of the first two government approved foster care programs in Victoria. The special school she established, known as St Helen's was designed to work with *"those excluded from school, were disruptive, or were unable to learn in a normal classroom"* (Ibid, p 269). The centre registered as a special school in 1975 and adopted a therapeutic approach to its work with children and families by providing play therapy, remedial education and family counselling. The first social worker at St Helen's remembers the establishment of the service and said that *"it was an*

extraordinary period. We had a multi-disciplinary team of a psychologist and a special education teacher. A Consultant psychiatrist was there once a fortnight for a consultancy on the children. The play therapist did some very good work with the children. There were some amazing people there at the time and I think we dealt with some very disturbed kids” (O’Brien, 2000 in Ibid, p. 270).

Following the formation of MacKillop Family Services, St Helen’s relocated from North Geelong to Whittington to be collocated with the other educational programs at St Augustine’s. However, due to a number of funding changes over time, teachers rather than a multi-disciplinary team now staff St Helen’s. As O’Brien (2000 in Ibid, 2004) has commented: *“I think it was unfortunate that this type of program [the treatment services provided by the centre] was, over time, eroded through government policy. I still remember with some degree of anger being at a meeting where our program was described as somewhat of a luxury by a Departmental [representative]. I was really angry about that, because I just knew that this is what these children deserved as far as I was concerned”* (p. 270). A description of the current program provided by St Helen’s is described below. Like ‘The School’, students attending St Helen’s were remaining in the program for periods of up to two years or more, but during the course of the study the length of the program was reviewed and it was decided that students would attend for a maximum of 12 months.

St Helen’s	
Program description	St Helen’s is a specialist primary school that provides short term alternative education for primary school children who are experiencing extraordinary difficulties in mainstream settings. Children are withdrawn from mainstream schooling full-time for up to two terms.
Target group	Primary school students aged 5-12 years who are in danger of being excluded from school because of severe behaviour problems.
Program capacity	At any one time the program works with up to eight students.
Aims and objectives	St Helen’s aims to provide a short term alternative educational facility for those children whose behaviour is such that they cannot be maintained in mainstream school by: <ul style="list-style-type: none"> ▪ Working with these children on individual remediation

programs which include:

- Learning and mastery of basic life skills
 - Learning and mastery of basic academic skills
 - Development and extension of these skills
 - Working with each student on a behaviour modification program which progresses towards self regulation of behaviours
 - Helping the students gain social skills necessary to enable them to cope with mainstream school and with expectations of the community.
-

2.4.4 New St.

Established in 1991, New St is registered as a part of St Augustine's School. The impetus for developing New St grew out of the recognition that not all students attending 'The School' were able to return to mainstream school and that there was a group of older students in the community that had been disconnected from mainstream school for extended periods of time and who did not have the skills to enter employment or vocational training (Flint, 1996). New St was designed to offer a vocationally orientated program, which included practical training for preparation in the workforce by offering for example, metal work, surfboard manufacturing and repair, garden landscaping and woodwork. In 1994, New St became a registered provider of the Certificate of General Education for Adults (CGEA) and the Certificate of Workplace Education (CWA) in order to offer vocational pathways for its students.

The mid-1990's was a time of high unemployment in Australia and in 1995 New St was successful in obtaining Commonwealth Government DEET funding for enterprise-based employment programs. Called 'STASworks' these programs incorporated paid work and employment experiences for students through the provision of landscaping and garden maintenance services that undertook contracted work in the local community and the operation of factory spaces for the building of pine furniture and the manufacturing and repairing of surfboards.

New St ran a number of interstate surf camps during this time where students would go away on field trips, partly subsidised with funds saved from the earnings of their employment (Flint, 1996). A marine wilderness program was also developed following

the purchase of a sailing boat called the Nellie K, named after a lay teacher who was head of the tailoring department at St Augustine's orphanage for many years. Chapman (1993) described this program as *"more than taking boys for a ride in a boat. It places young people in a situation where communication and co-operation become a prerequisite to survival; there comes the need to improve literacy and mathematical skills, it is about practical geography and ecology, to teach the manual skills necessary to operate a sailing craft, it promotes a healthy lifestyle and introduces an awareness of marine safety"*(p. 296). Unfortunately with a change in the Commonwealth Government, funding was no longer available for the delivery of the enterprise-based employment programs nor the expansion of wilderness and camping activities. However, both 'The School' and New St pioneered using adventure-based activities as a basis for engaging students in social and academic learning. These activities are now a core part of the competency-based curriculum framework for all St Augustine's programs. A description of the current service brief for New St is provided below. Unlike 'The School' and St Helen's, the students attend New St up to three days per week and they are assessed at referral as unlikely to return to mainstream school.

New St	
Program description	New Street provides an alternative learning environment and practical life and work training to young people who have left school early. A variety of personal development, recreational, vocational and educational experiences are available to assist young people prepare for employment or further learning. The program is competency-based and linked to accredited training through the Certificate of General Education for Adults (CGEA) and the Certificate of Workplace Education (CWE).
Target group	Young people between 12-16 years who have been excluded from mainstream schooling for some time (at least 6 months) and have attempted to access other alternative educational programs without success. Students may be experiencing learning difficulties or behavioural management difficulties. They may also be disconnected from family and /or on a juvenile justice or protective care order.
Program capacity	At any one time, the program works with up to 16 young people up to three days per week.

Aims and objectives

New Street aims to provide a holistic approach to learning to re-engage young people in an education process or to gain employment by:

- Encouraging the young person to become more confident about learning
 - Preparing the young person for vocational education or employment
 - Enabling the young people to make informed choices in their lives
 - Assisting young people to develop a more positive self concept
 - Offering positive life experiences through adventure activities
 - Helping young people to manage their behaviour
 - Helping the young person to develop social skills.
-

2.4.5 Primary and Secondary EMU.

The EMU program was originally envisaged as providing a mobile educational program that catered for young adolescents who were on the waiting list for 'The School' and had no other day activity. The aim therefore was to re-introduce students into a part-time education program until a place at 'The School' became available. In the second term of 1995 the program was piloted one day per week with four boys on the long-term waiting list for the school. Academic sessions were conducted in a local library followed by an afternoon activity session such as fishing, bike riding or bushwalking. While successfully engaging the four boys, the pilot was not extended. The students continued to be on the waiting list for 'The School' as no new vacancies had become available (Flint, 1995).

The Secondary EMU program re-commenced as a part-time initiative in 1997 funded by the Department of Human Services' (DHS) Youth Services Grants Program and worked with secondary students who were having difficulties in their mainstream school. While the staff were based at St Augustine's, the program was initially mobile in that it accessed community venues, such as libraries for delivering the morning activities. The success of the program was recognised by the regional Department of Education office (DOE) and was expanded to include primary-aged students by the three educational networks of the Geelong District collaborating to pool their alternative school's funding. Access to the program is made by referrals coming from the network coordinators and a Reference

Group comprised of the key stakeholders continues to meet quarterly to monitor and support the program. It is noted that the funding for the Primary and Secondary EMU programs is negotiated on a yearly basis. At the time the study was being completed the DHS Youth Services Grants Program changed the eligibility guidelines to exclude funding any programs related to the educational needs of young people. This will result in the loss of at least one staff position in the EMU program. At the same time the Regional DOE and the district networks were also reviewing the allocation of the small amount of funding available for alternative programs.

A brief description of the primary and secondary EMU program is provided below. Students attending these programs must be enrolled in mainstream school and attend EMU for one day per week.

Education Mobile Unit (EMU) for Primary Students	Education Mobile Educational Unit (EMU) for Secondary Students
<p>The EMU for primary students provides an early intervention, outreach type program for primary students experiencing difficulties with regular classroom activities. The program offers two levels of intervention.</p> <p>A partial withdrawal component (otherwise referred to as an off-site day) for one day per week for a maximum of two terms and an in-school support component for both students and teachers working directly with students on a 1:1 or small group basis. At the end of term the student's progress is reviewed and once the student graduates from the program on- and off-site follow-up days are provided for up to three months.</p>	<p>The EMU for secondary students provides an early intervention, outreach type program for secondary students who have recently been or are at risk of being excluded from mainstream schooling. The program offers two levels of intervention.</p> <p>A partial withdrawal component (otherwise referred to as an off-site day) for one day per week for a maximum of two terms and school consultation (including the pathway planning process) involving the student, teacher and parents. At the end of term the student's progress is reviewed and once the student graduates from the program on- and off-site follow-up days are provided for up to three months.</p>
Target group	Target group
Primary school students in Grades 5 & 6 who:	Young people of secondary school age up to Year 10 who:

<ul style="list-style-type: none"> ▪ Are experiencing difficulties with regular classroom programs ▪ Experience behavioural control difficulties at school ▪ May require assistance in developing appropriate social skills ▪ May have learning difficulties and/or low self-esteem ▪ May require family support. 	<ul style="list-style-type: none"> ▪ Have recently been or are at risk of being excluded from mainstream school ▪ Experience behavioural difficulties and/or low self-esteem ▪ May require assistance in developing appropriate social skills ▪ May be temporarily disconnected from family.
Program capacity	Program capacity
At any one time, the program works with up to 14 students.	At any one time, the program works with up to 14 students.
Aims and Objectives	Aims and Objectives
<p>EMU aims to maintain students in mainstream schooling by:</p> <ul style="list-style-type: none"> ▪ Encouraging the student to be maintained in mainstream school ▪ Supporting the student in building positive relationships with peers, teachers, family and the wider community ▪ Implementing behaviour management strategies based on positive reinforcement and natural consequences ▪ Optimising the protective factors that strengthen their well-being. 	<p>EMU aims to maintain students in mainstream schooling by:</p> <ul style="list-style-type: none"> ▪ Providing a range of programs which promote self-esteem ▪ Assisting students to become confident in pursuing further learning ▪ Encouraging positive involvement in community-based activities ▪ Offering positive life experiences ▪ Working with schools and teachers to promote a positive and co-operative school environment for the student.

2.4.6 The Youth Ed-venture program (YEP).

The YEP program was established in 2000 with funding provided by the Department of Human Services to provide a educational day program for high-risk adolescents living in out-of-home care or who were involved in the Juvenile Justice system and were not attending school. Many of these young people had been disconnected from school for extended periods of time and the program initially incorporated an assertive outreach

component, as the first task of the program was to engage these young people to participate in the program.

The YEP program developed an innovative response to ensuring student engagement by using the resources of the other students and peer pressure. The rationale for this was documented in a publication produced as a result of successfully obtaining a 'best practice' grant from the DHS. The process of engagement was described as follows:

School hasn't been a part of the daily routine for many young people and as a result their 'body clock' has adjusted to staying out till the early hours of the morning with friends and then sleeping the day away. So how do you get the young people there? No other way to do it but to start up the bus, do the rounds and persist until everyone is on board. ... If the young person has had a late night and is slow getting started, the others who are on the bus are there to help them get out of bed. A day spent with friends, who are enthusiastically jumping on your bed, is often the incentive needed that a phone call or knock on the door from YEP staff can't provide. But what if the young person isn't home? A quick chat amongst those aboard the bus and the options are narrowed. "I know where they will be" comes from the back seat, so its time for a 'fly by' though the city centre to locate them and get them on board. It's a collaborative effort to get the young people to YEP. (MacKillop Family Services, 2000, p. 11)

It is noted that while the program continues to pick young people up from designated pick up points, it no longer adopts the 'jumping on the bed' approach to ensuring young people are present. This is a result of a change in the characteristics of students accessing the program. Previously, the primary target group was young people living in residential care that had not attended school for a significant period of time. The target group now comprises young people who have some connection with their mainstream school and who are living at home.

At the same time YEP was funded, a therapeutic day program called 'Go West' delivered by the local Child and Adolescent Mental Health Service (CAMHS) was funded out of the high-risk adolescent initiative. In 2003 DHS decided to pool the funding for YEP and Go West and MacKillop Family Services were successful in tendering for the combined program. As a result YEP also receives referrals from CAMHS to work with young

people who are experiencing difficulties at school because of their mental health difficulties. Like the EMU programs, a Reference Group meets to monitor and support the YEP program. The funding for the YEP program is also not recurrent and a Funding and Service Agreement is negotiated annually. Thus both the EMU and YEP programs could be subject to changes in funding and program policy at any time.

A description of the YEP program is provided below. All students attend for two days per week.

Youth Ed-Venture Program (YEP)	
Program description	YEP provides an educational outreach program for young people who are unable to participate in any educational process. The program utilises therapeutic, participatory, adventure-based approaches to maximise learning opportunities.
Target group	Young people 12-16 years who have left mainstream school and who may be on the DHS high-risk register, have a history of juvenile justice or DHS involvement and are living in alternative care setting i.e. residential unit, family group home etc or are a client of CAMHS/AMHS.
Program capacity	At any one time the program works with up to eight young people for two days per week.
Aims and Objectives	<p>YEP aims to provide educational outcomes for young people with high needs and at risk of long-term exclusion from education, training and employment by:</p> <ul style="list-style-type: none"> ▪ Providing assertive outreach to engage young people with high needs ▪ Providing pathways to further education, training and employment ▪ Enabling young people to make informed choices in their lives ▪ Assisting young people to develop a more positive self concept ▪ Encouraging positive involvement in community-based activities ▪ Offering positive life experiences through adventure activities

-
- Maintaining engagement during disconnection with the community through detention.
-

2.5 Funding and organisational structure of programs.

The funding arrangements for the EMU and YEP programs have been described above. St Helen's, 'The School' and New St are registered schools and are funded centrally through the State Department of Education, Employment and Training (DEET) on a recurrent basis whereas the EMU and YEP programs are funded either by the State DHS or regional DEET supplementary funds. Given that education, mental health and welfare sectors are also involved in the funding of programs, the configuration of services provided by St Augustine's provides the basis for possible further development as a 'Full-service School' (Dryfoos, 1994). It also warrants mention that while EMU and YEP are not deemed to be registered schools the legal requirements for meeting the standards required by the Registered Schools Board apply to the entire site, for example occupational health and safety, welfare policies and codes of conduct.

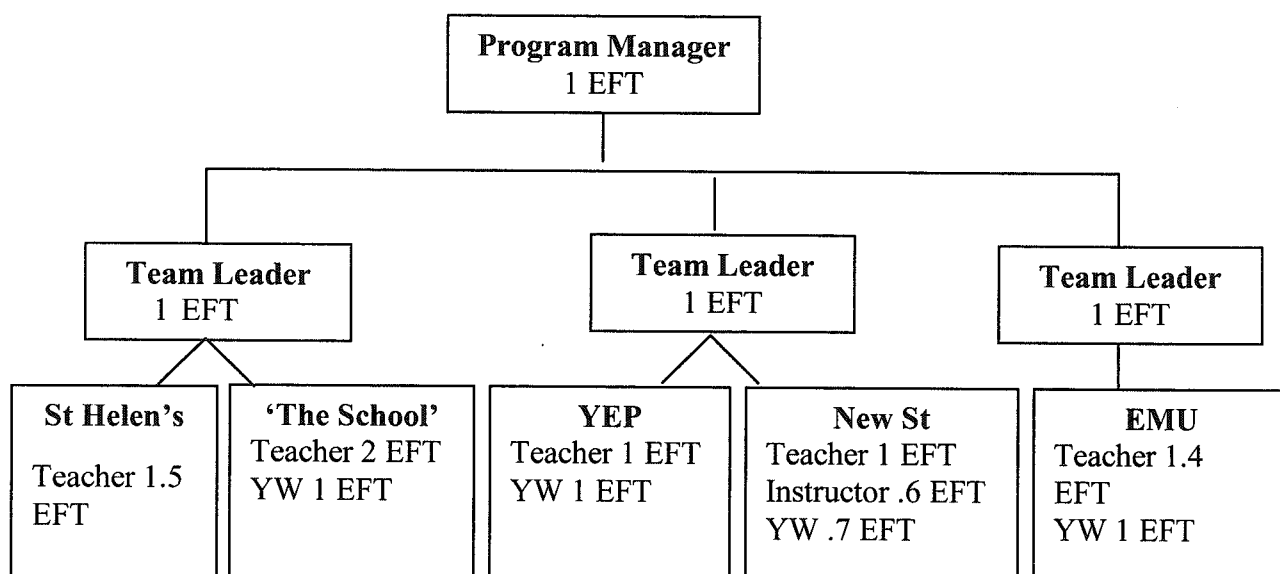
The funding of St Helen's, 'The School' and New St has had a chequered history, in that the origins of these services were funded within a welfare model. Flint (1992) has documented the history of the shifting responsibility of funding these services from the community services sector to the education sector. A brief chronology of this history is provided because it explains why the configuration of St Augustine's services in providing alternative education is unique.

The de-institutionalisation of children and young people out of large congregate care facilities such as St Augustine's and St Catherine's orphanages into small community-based units or into foster care led to State Welfare Departments in the 1980's deciding to no longer fund educational facilities such as St Helen's and 'The School'. In the late 1980's the Christian Brothers and the Sisters of Mercy joined forces with the Catholic Education Office Melbourne to negotiate a new funding arrangement between the State Governments departments. After lengthy negotiations, the then Premier of Victoria guaranteed that State government would continue to provide interim funding (90% salaries only) until in 1990 Catholic special schools' funding from the DEET was obtained. In addition the Commonwealth Government pays a small per capita amount annually for each student enrolled on census day. The special schools' funding provided to St Augustine's is non-systemic (that is, it is not available to other regions or programs)

and therefore represents the exceptional arrangement made between the parties at the time.

One of the inherent problems with the funding MacKillop Family Services receives from this arrangement is that the grants are not indexed and have not increased since 1995. The out-of-home care and special education services run by the Christian Brothers and the Sisters of Mercy have historically run at a deficit and have relied on both the voluntary services provided by members of the religious orders, drawing on funds from reserves and property sales and from congregational support and fund raising (Barnard and Twigg, 2004). St Augustine's has faced a substantial deficit since amalgamation despite receiving additional funds from the community organisation, United Way, and the profits from St Augustine's Opportunity Shop (run by volunteers). The ongoing deficit related to the lack of indexation of core funding on the one hand, and increasing costs, particularly increases in teachers' salaries and operating overheads on the other, led to a review of the staffing structure in 2003 which resulted in a re-configuration of staffing and a reduction in student numbers.

The organisational structure of St Augustine's following the review in 2003 is presented in Figure 2.1. It is to be noted that all positions in this structure are described as effective full-time, and therefore may not indicate the actual number of staff employed.



YW= Youth worker. EFT=Effective full-time.

Figure 2.1

Staffing and Organisational Structure of St Augustine's

Within the above structure the Program Manager is responsible for the day-to-day operations of St Augustine's, however the financial, industrial and duty of care responsibilities that are involved in the position of Principal of a registered school are shared between the Program Manager and the Regional Director of the Barwon Region. There are three Team Leaders who co-ordinate two programs each. The Team Leader for the EMU program is youth-work-trained whilst the other two Team Leaders are teachers. The Team Leaders for St Helen's, The School and the EMU programs spend .6 of their time teaching or providing youth work services with students in the respective programs of responsibility. The exception to this is the Team Leader for the YEP and New St program, where all of the teaching time is spent in the New St Program. In addition to working 'in program', Team Leaders provide supervision of staff, take a lead role in program development and on-going reviews of programs delivered and attend both individual program meetings and other meetings as required. There is an allocation of .3 backfill in each of the programs to provide coverage for teachers who may be away or need to attend to other duties.

As Figure 2.1 indicates all programs except St Helen's utilise a multi-disciplinary staffing model that features a partnership between teachers and youth workers. The main role of the teacher is to deliver a curriculum that offers individual learning programs relevant to students, while the youth worker's role is to focus on the social, emotional and behaviour

needs of students and to liaise with their families (Curriculum Framework Document, 2002). New St also employs the services of an Instructor who provides 'hands on' activities such as woodwork and model building.

Small staff-to-student ratios based on the needs of the individual student groups and the intensity of intervention is accommodated in the structure. For example, in the YEP program the ratio is two staff for four students on any one day, while in EMU program the ratio is two staff to seven students on any one day. Across all programs, the staffing configuration is based on a ratio of one staff member to every four students.

2.6 Model of intervention.

A theoretical model that brings together the core practices and components used by St Augustine's programs has not been documented to date. The preliminary evaluation of the Secondary EMU program found that the Social Development Model (Catalano and Hawkins, 1996) and the mediating processes that interact to promote social bonding provided the 'best fit' with the themes that emerged from interviews of staff, parents and students and from observations made about the interactions between staff and students (Fersterer & Joyce, 2002). Specifically, the evaluation found that trusting, respectful and friendly relationships were nurtured between staff and students to promote connectedness and social bonding. Tolerance and acceptance of differing opinions and respect for others were modelled and encouraged by workers to promote pro-social values and attitudes. The provision of group work and outdoor activities such as surfing and abseiling provided opportunities for students to engage with workers and each other in supportive and respectful ways and to challenge the students' perceptions about themselves. Finally numerous behavioural intervention techniques such as modelling, multiple levels of reinforcement, ignoring, redirecting and the use of token economies were used to reinforce and recognise positive behaviour.

The present study provided the opportunity to gather further evidence about the theoretical approach underpinning the model used by programs at St Augustine's.

2.7 Level of intervention provided by programs.

St Augustine's uses the terms 'early intervention', 'intervention' and 'post-intervention' to describe the level of intervention provided by programs according to an educational risk continuum ranging from at risk to high-risk according to the degree to which the

students are connected to school or engaged in a learning process (St Augustine Program Information, May 2001). The educational risk continuum is depicted in Figure 2.2. The expected outcome of intervention for students attending the early intervention programs provided by Secondary and Primary EMU is to prevent the escalation (increasing severity and increasing diversity) of problem behaviours and enhance the students' protective factors and resilience in order to maintain these students at school.

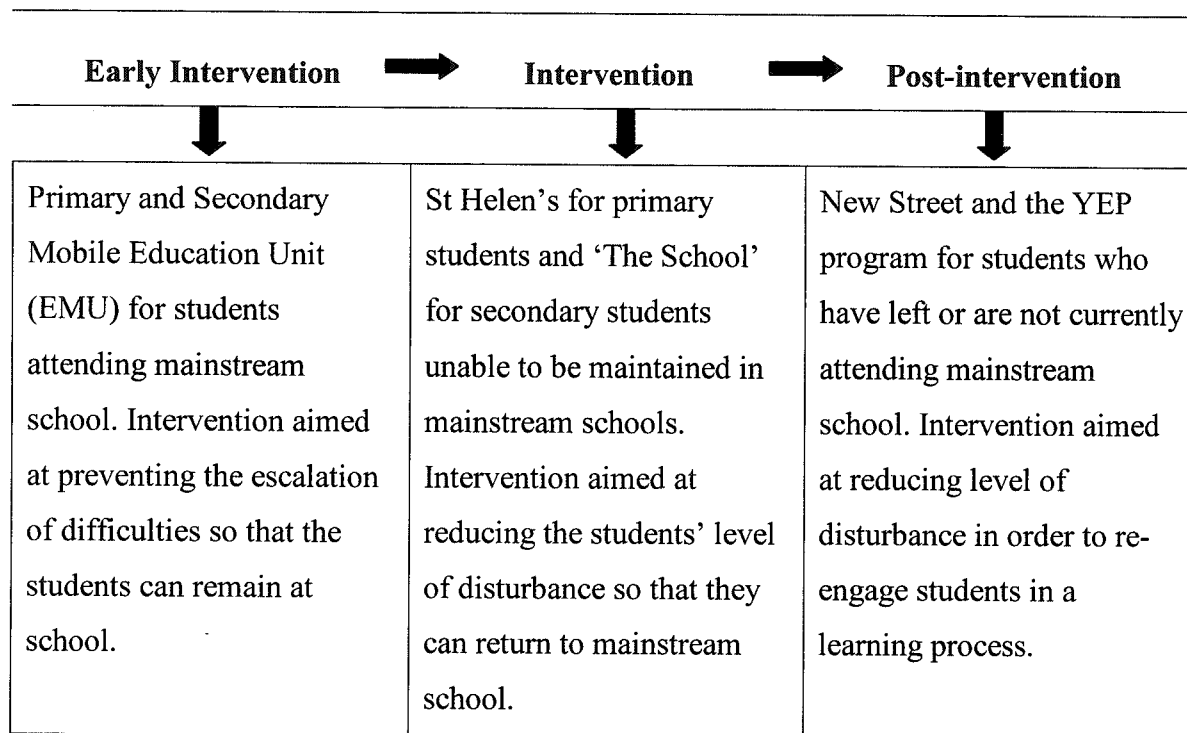


Figure 2.2
Level of Intervention Provided by Programs Along the Educational Risk Continuum

St Helen's and 'The School' provide an intervention program to students whose behaviour is such that they are referred because these students cannot be maintained in mainstream school and need an alternative education setting to remain engaged in learning. The expected outcome of intervention is therefore to reduce the severity and diversity of problem behaviours and enhance the students' protective factors and resilience with the aim of returning these students to a mainstream school.

New Street and YEP provide a post-intervention program to students who have already been excluded from mainstream school and may have a history of attempting to access other educational programs without success because of their behavioural difficulties and attitudes towards learning. In general a return to mainstream school is no longer an option for these students and the expected outcome of intervention is to reduce the severity and

diversity of problem behaviours with the aim that these students will be able to access some form of vocational training or employment.

The assumption behind the educational risk continuum and the level of intervention provided is that the level of psychopathology and the deficits in the students social and emotional development is associated with the degree to which they are or have been disconnected from school. This hypothesis however has not been tested using standardised measures in order to make comparisons between the students attending programs providing different levels of intervention.

The EMU and YEP programs provide outcome documentation to their respective funding bodies and in the past all individual programs produced an annual report. However, St Augustine's currently does not systematically document the outcomes of intervention across programs, that is the number of students that are maintained at school, return to school or leave to participate in further education or training. While each program follows up students after leaving, generally for three months, data on outcomes at follow-up have not been documented to date. The study therefore offered an opportunity to undertake an outcome evaluation across programs.

2.8 Key research needs.

The research base in alternative education is primarily confined to descriptions of program models, case studies of individual programs and the characteristics that set programs apart (Kellmayer, 1995a; Kendall et al., 2003; O'Brien et al., 2001; Raywid, 1994). In countries that have mandated alternative education like the United States, outcome evaluations, particularly of prevention and intervention programs for high-risk young people, are in their infancy (Christenson & Thurlow, 2004; Wilson & Lipsey, 2005) and the extent to which alternative schools keep students in school and facilitate successful completion continues to be an area of inquiry (Jones, 1999; Lange & Sletten, 2002). Even when outcome studies have been published, differences in the educational systems between Australia and the USA, for example, make comparisons with programs delivered in the Australian context problematic.

The evaluation of alternative schools and programs for students marginalised by mainstream schools is yet to be documented in the Australian literature. In part this is because underage school leavers in particular are the 'invisible ones' and the need for

Primary and Secondary EMU programs which provide early intervention to students currently attending mainstream school.

2. From referral to post-program, students participating in all programs will show a significant reduction in mental health symptoms measured on the TRF.
3. From referral to post-program, students participating in all programs will show a significant increase in adaptive functioning measured on the TRF.
4. From referral to post-program, students in all programs will show a significant increase in social-emotional development measured on the SSA.
5. From referral to post-program, change in the students' level of mental health symptoms and adaptive functioning measured on the TRF and social-emotional development measured on the SSA will be associated with type of (positive, negative and further intervention) outcome destination.

Chapter 3

Method

3.1 Participants.

At any one time there were between 75-80 students enrolled across programs for various lengths of time, with the EMU programs taking in a new cohort of 14 students every two terms. The target sample size was 100 students. This sample was originally thought to be obtainable within a twelve-to-fifteen month period, however due to difficulties in obtaining data, the collection period occurred over a two-year period. Despite this extension, targets for the collection of the qualitative data to complete the evaluation could not be fully met. These issues are discussed in the section on missing data (see 4.2).

The final sample comprised 158 students who attended St Augustine's from July 16, 2002, (the commencement of Term 3) to June 25, 2004 (the end of Term 2). Ages ranged from 6 to 15 years ($M = 12.76$, $SD = 0.127$) with 128 males (81.1%) and 30 females (18.9%). At the time of referral, 69 students were 12 years of age or under (43.7%) and 89 students were 13 years or over (56.3%). A breakdown of the age of students in the sample is contained in Table 3.1.

Table 3.1

Number and Percentage of Students by Age at the Time of Referral

Age	6	7	8	9	10	11	12	13	14	15
<i>n</i>	1	1	3	2	10	22	30	42	39	8
<i>%</i>	0.6	0.6	2.5	1.2	6.3	13.9	18.3	25.5	24.6	5.0

$N=158$

3.2 Components of the evaluation

A utilisation-focused approach to evaluation was adopted to inform the design of the study (Hernandez, 2000; Hernandez, Hodges, & Cascardi, 1998; Patton, 1986; Weiss & Greene, 1995). This approach recommends that program evaluation should incorporate the following aims: identifying the needs and characteristics of the population being served, describing what particular services and supports are provided and to what extent they are underpinned by an articulated theory of change, examining how successful the service was in achieving intended outcomes and identifying barriers to successful

implementation. Hernandez (2000) argues that by providing this range of outcome relevant information, the results of the evaluation can be utilised by stakeholders to guide decisions about the methods used to achieve the program's mission and any future program development and quality assurance requirements. To incorporate the aims and outcomes of this approach, the design of the study comprised four components.

3.2.1 Needs analysis.

The first component involved a needs analysis to better understand the student population and to develop a profile of students attending St Augustine's. Information obtained to inform the needs analysis included demographic characteristics, school performance issues and reasons for referral, ability and achievement level, the type, incidence and severity of mental health symptoms and the social and emotional development of students.

The needs analysis was used to address the following questions about the population being served.

- What are the demographic characteristics of students being referred to St Augustine's compared to norms in the community?
- What were the issues that led to students being referred?
- What is the ability level of students attending St Augustine's compared to their age related peers?
- What is the level of achievement of students attending St Augustine's compared to their age related peers?
- Is there a discrepancy between their ability and achievement levels?
- What mental health symptoms do students referred exhibit and how do these compare to their age related peers?
- What is the level of social-emotional development in the students referred?

3.2.2 Articulating the model of psycho-educational intervention.

The second component of the evaluation used a qualitative process to articulate the psycho-educational model used by the programs at St Augustine's. Model construction was derived inductively by interviewing staff employed at St Augustine's to obtain descriptions about their theory of change. 'Theory of change' refers to the underlying assumptions that guide service delivery and are believed by staff to be critical in producing change in the population served by programs (Chen & Marks, 1998). For the purposes of the study, these assumptions were elicited by conducting a semi-structured interview that asked the staff and managers of St Augustine's about the needs of the students they served and how these were linked to the program approach employed to produce desired outcomes for students.

Document analysis was a way for the study to obtain additional information about the history, philosophy, theory and structure of how the programs operated. Both current and historical written materials were collected. These materials included documented policies and procedures, curriculum frameworks and timetables. Forms for planning and reporting student pathways, identifying goals, developing and reporting on behaviour management plans and achievement and progress reports were also collected.

The qualitative process was used to address the following questions:

- What do staff believe are the most important theoretical approaches, principles and practices that underpin their 'theory of change' and the psycho-educational approach to intervention used by programs at St Augustine's?
- How are the services and supports provided specified in program documentation and are these specifications logically linked to the needs of the population, to the model of psycho-educational intervention provided and the intended goals of service provision?

3.2.3 Impact of program intervention.

To examine how successful the programs were in achieving the intended goals and outcomes of service provision, the third component of the research design involved an impact evaluation of the outcome destinations of the students involved in the needs analysis. In order to measure any change in the clinical significance of mental health symptoms and social and emotional development as a result of program intervention, data

were collected at three points of time: referral, in program and post-program.

Student profile characteristics and additional school level data such as the length of program attendance, the regularity of attendance and involvement in critical incidents were then added to examine the predictive power of the variables on the outcome destinations for students in the study sample. There were three outcome destination groups: a *'positive'* outcome group where students returned to mainstream school, moved on to a vocational training program or gained employment; a *'negative'* outcome group where students withdrew, were not engaged or were excluded from the program, and a *'required further program intervention'* group where students remained at St Augustine's at the end of the research period.

Recognising the importance of also obtaining outcomes based on the experiences of students and families (Osher, 1998), assessing the impact of intervention was accompanied by a qualitative process. In the research, this involved interviewing a sample of twelve students and their parents about their educational experiences both prior to and whilst attending St Augustine's. The interview sample was then followed up at least three and six months following their transition from St Augustine's to obtain their accounts of what happened after leaving the program.

The impact evaluation aimed at addressing the following questions:

- What are the outcomes for students attending St Augustine's and are these outcomes consistent with the intended goals outlined in existing program specifications?
- Are outcomes for students maintained at 3 and 6 month following transition from St Augustine's?
- What promotes and hinders the maintenance of outcomes following transition from St Augustine's?
- What do parents and students say about their interpretations of and perceptions about their past educational experiences prior to being referred to St Augustine's?
- What do parents and students say about their experience of education at St

- Augustine's, including the outcomes of participating in the program and what happened after three and six months after leaving?

3.2.4 Individual case studies and trialling Applied Behaviour Analysis.

The fourth component of the design sought to examine the value of adding an additional intervention element to the existing behaviour modification strategies used within programs. Four students nominated by programs as requiring a more targeted intervention approach were to be included in a trial of Applied Behaviour Analysis and guardian consent was obtained for three of these students. Due to a number of program issues the application of this methodology did not occur. For example, a range of environmental factors, such as classroom layout, length of time expected to concentrate on task, insufficient opportunities for play and social interaction with other students and teachers in the program were assessed as impacting on one student's negative behaviour. Therefore a consultation process with staff to modify the organisation and timing of activities in the program was undertaken and as a result of these environmental and programming changes, the student's behaviour improved. For another student, it was agreed that additional funding would be obtained to employ a classroom aide to implement a tailored one-to-one program. However his placement broke down before this could be organised. In another scenario, the program had informed the parents that the student could only remain in the program if the parents consented to their son or daughter participating in the ABA study. Consent was therefore not obtained, as their agreement to participate would not be voluntary. However, additional assessments were undertaken with the three students to permit the development of individual case studies.

3.3 Measures

A number of measures were used to develop a profile of student needs for the needs analysis. St Augustine's Referral and Enrolment forms were used to collect demographic and referral data. The Teacher's Report Form and the Youth Self Report (Achenbach & Rescorla, 2001) were used to measure mental health symptoms and the Survey of Student Assets (Bernard, 2002) was used to measure social and emotional development. In order to measure any change over time, the Teacher's Report Form, the Youth Self Report and the Survey of Student Assets were to be completed at the time the student was referred, once the student was in program and at the time of the student's transition from program. To measure levels of student ability and achievement the Wechsler Abbreviated Scale of Intelligence (1999) and the Abbreviated Wechsler Individual Achievement Test-II (2002)

were administered at one point in time whilst the students were in program. To identify developmental issues for the students involved in the individual case studies, a family and developmental history questionnaire developed by the Psychology Clinic (Australian Catholic University) was used to interview parents. In addition, students were administered the children's version of the Subject-Object Interview (Lahey, Souvaine, Kegan, Goodman & Felix, 1988; Carroll, 1987), a structured interview to assess cognitive developmental level.

3.3.1 Referral and enrolment forms.

At the time of commencing the study, a number of different forms were used for referral to St Augustine's programs. Following a process of consultation with staff, a new generic referral and enrolment form was developed for referral and program acceptance into all programs. When completing the enrolment form, parents provided details of their occupation and their highest level of schooling. All other data were obtained from completed referral forms. A copy of the referral form is provided in Appendix A. A summary of data collected from referral and enrolment forms is provided in Table 3.2.

Table 3.2

Demographic and Referral Data Collected from Referral and Enrolment Forms

Demographic characteristics	Educational background	Reasons for referral
<ul style="list-style-type: none"> ▪ Gender ▪ Ethnic group and whether or not the student was Aboriginal or Torres Strait Islander ▪ Age ▪ Postcode ▪ Family type ▪ Parent's type of work ▪ Parent's highest level of schooling 	<ul style="list-style-type: none"> ▪ Type of school attended ▪ Last completed Grade or Form level ▪ Number of days absent from school due to reasons other than illness for the past six months ▪ If not currently at school, the time since the student last attended ▪ Whether or not the student had been excluded from school 	<ul style="list-style-type: none"> ▪ Referral source ▪ Reasons for referral ▪ Service to be provided ▪ Known medical, developmental or mental health issues ▪ Other support or specialist services involved ▪ Any involvement with the Juvenile Justice system

3.3.2 Teacher's Report Form.

The 2001 version of the *Teacher's Report Form (TRF)* assesses competencies and problems in 6 to 18 year olds (Achenbach & Rescorla, 2001). Teachers or other school personnel who are familiar with the student's functioning in school and have known the student for at least two months complete the TRF. In the USA, the TRF is one of the criterion measures used to assess behavioural and emotional disorders under the Individuals with Disabilities Education Act, 1997 (IDEA) and in Victoria, the TRF has also been adopted as one of the assessment tools used for applying for funding under the category of Severe Behaviour Disorder (DEET, 2002). For both the Teacher's Report Form and Youth Self Report Form, Sawyer et al (2000) found clear support for USA population norms to be appropriate for use with Australian students. The 2001 edition of the checklist provides for computerised scoring of the results.

The first part of the TRF requests demographic information about the student, and the respondent. The parents' occupation is included in the demographic data and if this information was unavailable in St Augustine's enrolment forms, parent occupation was obtained from completed TRF forms.

The second part of the form is designed to evaluate the student's adaptive functioning. Respondents are asked to rate performance on a scale of 1 to 5 in academic subjects from *far below grade to far above grade* and from *much less to much more* for the following characteristics: '*How hard is she/he working*'? '*How appropriately is he/she behaving*'? '*How much is he/she learning*'? '*How happy is he/she*'?

The adaptive functioning items of academics, working hard, behaving appropriately, learning and happy are summed to form a Total Competence score. Both the individual items and the Total Competence score are expressed as percentiles, ranging from 7 to 93 and as *T*-scores ranging from 35 to 65. *T*-scores allow the measurement of the severity of adaptive functioning problems in terms of deviation from the population norm. For example, Total Competence *T*-scores of <37 indicate a percentile ranking < 10 which was found to best discriminate clinical groups from normal individuals (Achenbach & Rescorla, 2001). Therefore, a *T*-score of <37 is considered to be the cut-off that places the student within a clinically significant range for poor adaptive functioning. Males and females can be compared because of the use of *T*-scores that have been normed separately for each sex.

The third part of the TRF asked respondents to rate the student's mental health symptoms now or within the past two months. Respondents are asked to complete 113 items using a three-point scale, 0 '*not true*', 2 '*somewhat or sometimes true*' or 3 '*very true or often true*' of the student.

Using the problem items, the following syndromes were empirically derived through principal component analyses (Achenbach & Rescorla, 2001). First, two broad band dimensions were found for Internalising and Externalising symptoms. The grouping of Internalising symptoms primarily involve problems which mainly are within the self, whilst Externalising problems mainly involve conflicts with other people and external expectations (McConaughy & Skiba, 1993). Three narrow band syndromes were found in the Internalising broad band, namely *anxious/depressed*, *withdrawn/depressed* and *somatic complaints*. Two syndromes were found within the Externalising dimension: *rule-breaking behaviour* and *aggressive behaviour*. Finally, three syndromes were found which fell in neither the internalising nor externalising dimensions: *social problems*, *thought problems* and *attention problems*.

T-scores are compared on the Internalizing, Externalizing, and Total Problem scales and the eight narrow band clinical syndrome scales to established cut-off scores. The *T*-scores allow the measurement of the severity of mental health problems in terms of deviation from the population norm. For example, for the Externalising, Internalising and Total Problem scales *T*-scores greater than 63 indicating percentile ranking of equal to or greater than 98 are found to best discriminate clinical groups from normal individuals (Achenbach & Rescorla, 2001). Therefore, a *T*-score of 63 or more is considered to be the cut-off that places the student within a clinically significant range of problems. By looking at a student's *T* scores for Internalising and Externalising, a global picture can be obtained about whether or not the student's problems tend to be concentrated in either, both, or neither of these broad areas.

The TRF has good internal consistency using Cronbach's *alpha* (Cronbach, 1951) with a coefficient of .90 reported for the Total Competence score, .90 to .97 for the broad band scales and *alphas* for the narrow band problem scales ranged from .72 to .95. In a general population study, two week test-retest reliability found the Pearson correlations for the Total Competence scores were $r = .91$, $r = .86$ to $r = .95$ for the broad band scales and $r = .60$ to $r = .95$ for the narrow band scales. For disturbed students using special education

services, two and four month test-retest reliability ranged from $r = .70$ to $r = .60$ for the broad and narrow band scales. It is noted that the competence scales were not rated. However, declines in TRF scores exceeded chance expectations which may be explained as either the effects of the special education services they were receiving, regression towards the mean for students whose problem scores were initially high or a test-retest attenuation effect (Achenbach & Rescorla, 2001).

Cross-informant agreement on the TRF between pairs of teachers using Pearson correlations (rs) is reported to be statistically significant at $p < .05$, with a mean $r = .50$ to $.88$ across all TRF competence scales and a mean $r = .64$ for the broad and narrow band syndrome scales. Cross-informant agreement between pair of teachers is more reliable than that found for pairs of parents $r = .59$, children and their parents $r = .25$ or children and their teachers $r = .20$ (Achenbach, McConaughy & Howell, 1987).

3.3.3 Youth Self Report.

The 2001 version of the *Youth Self Report (YSR)* assesses competencies and problems in 11 to 18 year olds and is based on the Child Behaviour Checklist for Children (Achenbach & Rescorla, 2001). The self-report nature of the measure obtains the student's own view of their functioning in terms of both competencies and problems to be used to gain a global estimate of the student's functioning. Adolescent self-report has been shown in Australian adolescents to be a more sensitive method of determining the level of symptoms of psychological disturbance than is parent report (Sawyer et al., 2000). In this study, the YSR was used to compare student self-report ratings with the teachers' ratings on the TRF.

Like the TRF, the YSR is constructed in three parts. The adaptive functioning areas in the second part of the YSR differ from the TRF in that students are asked to report on their involvement in activities and social relationships and on their school performance. Therefore the Total Competence score is derived from Activities, Social and School scales.

The third part of the YSR uses 113 items to rate an adolescent's mental health symptoms now or within the past six months. Students are asked to rate themselves on a three-point scale of 0 'not true', 2 'somewhat or sometimes true' or 3 'very true or often true'.

The broad band and narrow band clinical syndrome scales in the YSR are the same as those derived using the TRF even though many of the items differ between the two forms. Similarly the clinical cut off *T* scores for the YSF are the same as those described for the TRF for the Total Competence score, for the Total Problem score and for the broad and narrow band syndrome scores.

Like the TRF, the YSR has good internal consistency using Cronbach's *alpha* (Cronbach, 1951) with reported coefficients for the broad band, Internalising and Externalising scales of $r = .90$ and for Total Problems scores $r = .95$. *Alphas* for the narrow band problem scales ranged from $r = .71$ to $r = .95$. In a general population, one week test-retest reliability for the YSR $r = .89$ was found for the Total Competence score and $r = .87$ for the Total Problem score while seven month test-retest stability in the Total Competence score was reported to be have a mean $r = .54$ and for the narrow band problem scales $r = .53$. The YSF problem scores do not typically decline significantly for non-referred children reassessed over relatively long periods ranging from 7 to 24 months. Content validity and criterion-related validity are reported as satisfactory in discriminating between clinic-referred and non-referred adolescents (Achenbach & Rescorla, 2001).

Several of the TRF and YSR empirically derived syndromes have approximate counterparts in DSM diagnoses (American Psychiatric Association, 1994) and statistically significant associations have been found (Weinstien, Noam, Grimes, Stone and Schwab-Stone, 1990 cited in Achenbach, 1991). Achenbach (1997) argues that while the TRF and the YSR could be used to make a DSM diagnosis, a truly valid diagnosis should incorporate information from multiple sources. As one of the aims of this study was to measure the effect of intervention on mental health symptoms over time, rather than address diagnostic issues, formal DSM diagnoses were not included.

3.3.4 Survey of Student Assets (SSA).

The SSA is a teacher report measure to assess the social-emotional development of students (Bernard, 2002). The survey comprises items relating to the four internal assets or foundations found to be positively associated with student achievement and social-emotional capability. These are Academic Confidence, Persistence, Organisation and Getting Along. These four foundations are underpinned by eleven 'Habits of the Mind' or attitude and beliefs. These are self-acceptance, risk-taking, independence, optimism, internal locus of control for learning, goal setting, time management, tolerance of others,

reflective problem solving, a toleration of limits and high frustration tolerance (Bernard, 2000). The survey measures these 'Habits of the Mind' as both positive and negative attitudes or beliefs as they relate to each of the four foundations. An example of an item measuring academic confidence, as a positive attitude is that the student '*possesses a realistic awareness of his/her own strengths and weaknesses.*' On the other hand, an example of measuring academic confidence as a negative attitude or belief is that the student '*when s/he makes mistakes or is teased, seems to think s/he is stupid and a bit of a loser.*' The survey also includes items relating to the construct of emotional resilience, for example the student '*can talk about what she or he is feeling and needs.*'

In total the SSA comprises 39 items and respondents are asked to rate the student on a five-point scale from 1 '*not at all like the student*' to 5 '*very much like the student*'. Scores are summed to measure each of the four foundations and emotional resilience and to provide a total score. A copy of the SSA is provided in Appendix B.

The psychometric properties of the SSA were not available at the time the study was conducted and analysis of the internal consistency of the survey was undertaken by the study once the data was collected using Cronbach's *alpha* (Cronbach, 1951). Expected norms for the SSA also did not eventuate as the SSA was superseded by the development of a new measure called the Survey of Student Well-Being (Bernard, 2005a).

3.3.5 Wechsler Abbreviated Scale of Intelligence (WASI).

The WASI (The Psychological Corporation, 1999) provides an estimate of intellectual functioning with individuals aged from 6 to 89 years. The WASI was selected for use in the study because it can be administered by individuals with a bachelor's degree in psychology, education, counselling, speech therapy or occupational therapy and therefore could be used by the teachers at St Augustine's.

The WASI yields the three traditional intelligence scores of Verbal IQ, Performance IQ and Full Scale IQ. The VIQ of the WASI is a measure of acquired knowledge, verbal reasoning, and attention to verbal information. The PIQ is a measure of fluid reasoning, spatial processing, attentiveness to detail, and visual-motor integration. The structure of the WASI consists of the four sub-tests: Vocabulary, Similarities, Block Design and Matrix Reasoning. The WASI sub-tests are similar in their format to their counterparts in the WISC-III and the WAIS-III and are the sub-tests with the highest loadings on *g*, or general intellectual functioning (The Psychological Corporation, 1999).

The WASI does differ from the WISC-III and the WAIS-III in that the sub-test raw scores are converted to *T*-scores instead of sub-test scaled scores. The sub-test age-corrected *T* scores are used to calculate the WASI IQ scores. The sum of sub-test *T* scores on Vocabulary and Similarities are used to obtain the Verbal IQ, the sum of Block Design and Matrix Reasoning are used to calculate the Performance IQ. The Full Scale IQ is derived from the sum of the Verbal and Performance *T* scores.

It is noted that the WASI does not substitute for more comprehensive measures of ability, such as the WISC-III and the WAIS-III, and should not be used in isolation for diagnosis or classification. However, its utility is in accurately estimating an individual's intellectual functioning when a full battery is neither feasible nor necessary such as in research settings or in screening individuals to determine if an in-depth evaluation is warranted (The Psychological Corporation, 1999).

3.3.6 Wechsler Abbreviated Individual Achievement Test (WIAT-II).

The WIAT-II (The Psychological Corporation, 2001) provides an estimate of the academic achievement skills of individuals aged 4 to 89 years. Like the WASI the abbreviated form of the WIAT-II can be administered by individuals with a bachelor's degree in psychology, education, counselling, speech therapy or occupational therapy and therefore could be used by the teachers at St Augustine's.

The WIAT-II assesses achievement in the areas of reading, mathematics, written language and oral language. The full version consists of nine subtests comprising word reasoning, reading comprehension, pseudoword decoding, numerical operations, maths reasoning, spelling, written expression, language comprehension and oral comprehension. The abbreviated form used in the study comprises three of the WIAT-II subtests (spelling, word reasoning and numerical operations). The WIAT-II is the only achievement test which is co-normed with the WISC-III and allows for the determination of discrepancies between achievement scores and ability test performance (Flanagan & Haufman, 2004; Lichenberger & Smith, 2005).

3.3.6 Background History Questionnaire.

The Background History Questionnaire (Australian Catholic University) is designed to obtain information about the developmental history of individuals. Questions cover circumstances around pregnancy and perinatal history, infancy and early childhood

development, developmental milestones, medical, behavioural and mental history and educational background.

3.3.7 The Subject-Object Interview.

The Subject-Object Interview (Lahey, Souvaine, Kegan, Goodman & Felix, 1988) is designed to assess how an individual makes meaning of their world from a constructive-developmental perspective (Kegan, 1983). The study used the subject-object interview format developed for young children (Carroll, 1986) by incorporating the 'Puppy Story' developed by Selman (1980). This format asks the child to respond to the dilemmas posed in the story using a relatively structured set of questions. In the study, the 'Puppy Story' was made into a book with pictures in order to be more appealing and suitable for use with students that may have a developmental or learning disability (See Appendix C.). The child is first asked to read the story out aloud and then re-tell the story, following which questions are asked about how the child would respond to the dilemmas posed in the story if they were in the position of 'Tom' who is the main character.

Scoring of the children's version of the subject-object interview using the Puppy Story differs from that used for adolescents and adults. For example, whether or not the child is able to make a logical sequence of events in re-telling the story and is able to focus on the questions without being distracted despite the structure provided by the interviewer is included in the scoring methodology. A coding sheet was developed for use in the study to guide scoring and this is attached to the 'Puppy Story' found in Appendix C.

3.3.8 Program and outcome data.

Four measures were selected from existing school records to obtain information on factors relating to student performance whilst attending St Augustine's and one measure was developed to obtain information on educational outcomes. The first student performance measure was a record of student attendance obtained from the St Augustine's attendance records. In the absence of an electronic roll this data needed to be obtained from the sheets completed every day by each individual program and transferred in the research database. The process of determining the adequacy of the students' attendance was complicated by the fact that the number of days a student is expected to attend was different across programs. For example students attending 'The School' and St Helen's' attend four and half days a week, students attending the EMU programs attend one day a week, students attending YEP attend two days per week and students attending

New St attend for up to three days per week. Therefore the only meaningful way of determining the rate of attendance across programs was to use a percentage figure, which involved calculating the number of days a student was expected to attend, divided by the number of days they actually attended. A further difficulty in determining attendance was that a number of students were enrolled in more than one program during the course of the study. In these cases, the number of days that the student attended each program was recorded separately. For these students the overall percentage of days attended was calculated across the programs they were enrolled in during the course of the study. It is noted that this method had inherent difficulties as a student may have attended one program regularly and another infrequently or visa versa, meaning that the overall percentage was an average and may not have been an accurate reflection of individual change in attendance over time.

Ideally it would have been useful to have obtained attendance records from mainstream schools to ascertain an accurate record of student attendance prior to attending St Augustine's and then examine any change in student attendance rates once participating at St Augustine's. However this was not possible due to current privacy legislation, which requires consent from each individual student's parent for this information to be released. Therefore it was not possible to measure change between pre-program and post-program in the methodology.

The second measure was the length of time the student attended the program. This was calculated as the number of months the student was in program from the time of enrolment to the time they exited from a program. The data was obtained either by programs completing a Transition Form (see outcomes below) or from school attendance sheets. It is noted that some students were maintained on the program's roll even though they were not attending regularly or at all. In these cases the date when the student last attended was recorded as their exit date.

The number of programs the student may have attended either during the course of the study or prior to the study was the third measure used. For students that attended more than one program during the course of the study their research ID remained with their originating program (eg Primary EMU 24) and then the name and date of their enrolment in the new program was recorded (eg 'The School'). It was also found during the course of the study that on the external referral form, the referrer might have made reference to the student having attended another St Augustine's program in the past. This information

was seen as important as it provided historical information about the student's involvement with St Augustine's. For these students the date and type of program they attended prior to the study was verified by examining previous enrolment information held by the auspicing agency's heritage centre. Over the two-year study, the researcher became familiar with the names of all 158 students that attended during the data collection period and in the process of examining past enrolment and attendance records revealed new information about a particular student's involvement at St Augustine's in the past that the current referrer might not have been aware of. In these cases the time and type of program the student was enrolled was recorded and included as a measure of the total number of programs students attended both during and prior to the study.

The fourth measure was a record of critical incidents involving students. One of the advantages of St Augustine's being auspiced by a large welfare agency such as MacKillop Family Services is that it has well-developed critical incident policies and procedures for collecting data on critical incidents. A critical incident proforma developed by the Department of Human Services is used by St Augustine's to collect details of incidents and these forms are stored centrally. Information from these forms was used to collect data on the type of incident, how many students were involved, the time and location where the incident occurred and whether or not the incident required staff to intervene physically.

To obtain data on the outcome destinations of students in the study, a Transition Form was developed for use by programs (See Appendix D). This form was to be completed by program staff at the point at which a student left St Augustine's Education and Training. Data collected from this form included the positive outcome destinations of program participation for students in one of the following three categories: *'Returned to mainstream school'*, *'Accepted into TAFE or another vocational training program'* or *'Gained employment'*. Negative outcome destinations of program participation for students were identified using the following three categories: *'Withdraws from the program'*, *'Not engaged by the program'* or *'Exclusion from the program'*. The form required program staff to identify the reason for student withdrawal from programs using the following categories: *'Homeless or transient'*, *'Family reasons'*, *'Mental health issues'*, *'Physical health issues'*, *'Placed in a juvenile justice facility'*, or *'Other'*.

Telephone contact was made with all parents in the sample three and six months after their son or daughter left St Augustine's to ascertain whether or not outcomes had changed since transition. If parents were unable to be contacted, individual program staff were asked to provide follow-up information. If both parents and /or staff were unable to provide follow-up information the outcome was recorded as unknown.

Finally, the new Referral Form and the Transition Form were to be completed when students were referred to and accepted into another St Augustine's program to enable the study to track program participation by students over time. Students who remained at St Augustine's Education and Training, either within the one program or in being enrolled in more than one program at the end of the study period, were regarded as neither a positive nor negative outcome destination. For the purpose of the analysis of student outcome destinations in the study the outcome destination for this group of students was described as *'requiring ongoing program intervention'*.

3.3.9 Interviews with students, parents and staff.

To obtain narrative accounts from students and their parents about their past and educational experiences, two sets of questions for interviewing students and parents were developed in consultation with the Research Management Committee. The first set of questions was designed to interview students and parents whilst they were attending St Augustine's and the second set for use at follow-up with students and parents three and six months after they left. Questions used in the interviews with staff were also developed in consultation with the Research Management Committee. In addition to addressing the model of psycho-educational intervention used, the questions also were designed to elicit information about the needs of the students, the goals of intervention, the specialist skills needed to work in alternative education and any recommendations for change staff would like to see out of the evaluation. The interview questions used with students, parents and staff are provided in Appendix E.

3.4 Procedures.

3.4.1 Ethics committee approval.

Ethics approval was required from each of the three research partners and the Victorian Department of Education, Employment and Training. Copies of approval from the Australian Catholic University's Human Research Ethics Committee, the Victorian Department of Education, Employment and Training, the Director of the Melbourne Catholic Education Office and MacKillop Family Services' Policy and Programs Committee are attached in Appendix F. All ethics committees required that the Principal of St Augustine's was provided information about the study requirements and that written consent was obtained. The Principal's consent is also provided in Appendix F.

3.4.2 Parent consent.

Separate consent from parents was required for student assessments, for parent and student interviews and for individual case studies. To obtain parent consent for their son or daughter to be assessed using the WASI and the WIAT, all parents were provided with an outline of the study, information about the purpose of the assessment, details of how to contact the researcher should they have any questions and a consent form. These documents were attached to St Augustine's enrolment forms. Parents were requested to sign two copies of the consent form; one to be kept as their personal copy and the other returned to the researcher once signed.

To obtain consent from parents and students in the interview group and/or the individual case study group, parents were individually contacted and a time to meet, generally in their homes, was arranged to provide information about the research and to explain the purpose of the interviews or the development of case studies. Parents were requested to sign two copies of the consent form; one for their personal reference and the other as the study's record of their consent. Copies of information and consent forms used in the study are provided in Appendix G.

3.5 Data collection.

Implementing the study required a commitment to organisational change in the way information was collected at St Augustine's as a revised referral, assessment and outcome protocol needed to be used across all programs in order to collect data. Prior to the commencement of the research, the individual programs at St Augustine's tended to

operate independently of one another. For example they used different referral and enrolment forms and there was no standardised process across programs for collecting assessment information. An audit of student files in September 2001, prior to the commencement of the study found that less than 20% of files contained records of the results of prior educational or mental health assessments that may have been done on students. In order to avoid repeating the administration of the WASI or the WIAT-II, it was important to know whether or not the ability and achievement levels of students had been recently assessed and therefore for programs to collect prior assessment information.

At the commencement of the study an information session was provided to all staff to explain the purpose of the evaluation, the data that needed to be collected and to answer any questions about the methodology. This session was followed up by individually meeting with program staff to explore how they currently collected information and how the measures used in the study could be incorporated into their existing monitoring and planning processes. An Assessment and Pathways Policy was then developed and approved by senior management for use across all programs to specify when data required for the evaluation was to be completed. A checklist of the procedures to be undertaken was included in the policy so that programs could place this list in the front of individual student case records to keep track of the data collected. A copy of the Assessment and Pathways Policy and Checklist is provided in Appendix I.

All programs, with the exception of the St Helen's program, generally used the first week of each term to induct students into their programs and to develop their pathway goals. The Assessment and Pathways Policy proposed that this would be the stage in which there would be time for staff to do the initial assessment of students using the WASI, abbreviated WIAT-II and the YSR form with students. The process of administering these measures to students at the induction stage would provide an opportunity to develop rapport with the students and permit observations to be made about their level of functioning and behaviour when undertaking the assessment tasks. This information in turn could be used to assist in the development of learning goals.

Once the student had been in program for two months, the student's key teacher or youth worker was to complete the TRF and SSA. These measures were to be completed again by the same staff member along with the Transition Form at the point the student made the transition from the program or was referred to another program. At transition the student was to complete the YSR measure again. If students did not leave St Augustine's

at the end of the study, staff were requested to complete the TRF and SSA even though these students remained in program.

3.6 Staff training in the assessment measures.

In consultation with the Research Management Committee, specialist teachers from each program were nominated to attend training in administering the WASI and the abbreviated WIAT-II. In May 2003, two psychologists from the Catholic Education Office provided the initial training. The researcher then provided a follow-up training session and was available at any stage throughout the study to provide individual advice and support.

3.6.1 Additional training provided.

At the request of the Principal of St Augustine's the researcher provided additional training and policy development and advice. From October to November 2002, the researcher delivered a 28 hours training program in Therapeutic Crisis Intervention (Budlong, Holden & Mooney, 1993) to all staff. The purpose of the TCI training program is to assist organisations in preventing crises, de-escalating potential crises, and managing acute physical behaviour in a safe manner to reduce potential and actual injury to students and staff. This training was supplemented by providing two sessions in April 2003 and 2004 on developing behaviour management plans and the development of a Draft Behaviour Management Policy and Procedures document. This additional work was not planned for in the original development of the research design. However, the impact of the TCI training in particular could be assessed over time by examining any change in the frequency and severity of critical incidents. The results of this analysis have been reported separately in a paper that is provided in Appendix O.

3.7 Data management and coding.

As students were enrolled they were given an identification number (ID). As measures were completed they were checked for validity of responses and completeness. Version 3.2 of the Achenbach System of Empirically Based Assessment software (Achenbach & Rescorla, 2001) was used to score the TRF and YSR results and WIAT-II scoring software (The Psychological Corporation, 2001) used to score the Abbreviated WIAT-II results. The WASI and SSA were scored manually using the standardized instructions for scoring these measures (The Psychological Corporation, 1999; Bernard, 2002). A variable list with associated codes was developed for entering the information obtained from

Referral and Enrolment forms, Transition forms and attendance and critical incident records. This data was entered into Excel spreadsheets against the student's ID and the database was password protected and only accessible to the researcher. All student records and completed assessments were stored in a locked filing cabinet.

3.7.1 Analysing the interview data.

A group of twelve students and their parents were to be randomly selected for inclusion in the interview group and all staff employed at St Augustine's interviewed. The interviews were to be conducted in private and all interviewees were informed about the confidentiality of the information, the voluntary nature of their participation and the complaints procedure.

Interviews were tape recorded and transcribed verbatim. The qualitative software package NVivo (Version 2.0) was used to analyse the transcripts using the methodology for conceptual model development recommended by Bazeley and Richard (2000), Miles and Huberman (1994) and QSR International (2004). Separate projects were created for each interview group that is, for students and parents and for staff. Each participant was given a research ID and the attributes of age, sex, program attended or employed in and type of interviewee (e.g. student, parent, youth worker or teacher) were assigned to each ID to enable the data to be analysed by themes and attribute values.

The transcripts were first coded in accordance with the individual's responses to each question and then these were further coded into conceptual themes (called 'free nodes' by NVivo). Approximately 105 'free node' themes were identified and using the inductive approach suggested by Miles and Huberman (1994) emerging patterns were then categorised into general higher order themes (tree nodes) and specific themes (sibling nodes). The transcripts were then examined with an extensive number of direct quotations being extracted and applied to each theme.

To verify the authenticity of the interview data, a random sample of interviews was given to an academic with expertise in qualitative methods to be checked for the accuracy of the transcripts made of the taped interviews and for the accuracy of the quotations used in the text of the thesis. A statement of attestation is provided in Appendix J.

Chapter 4

Results on Student Needs and Referral Characteristics

4.1 Plan of analysis for the quantitative data.

To examine the needs and characteristics of the 158 students, frequencies and percentages were calculated on the demographic and referral data obtained from referral and enrolment forms.

Descriptive statistics were used to examine *T*-scores for each subscale of the TRF and the YSR. These included the adaptive functioning subscales and the total competence score, the narrow band syndrome scales, the broad band internalising and externalising scales and the total problems score. Reliability using Cronbach's *Alpha* (Cronbach, 1951) was used to examine the internal consistency of the SSA and then descriptive statistics were calculated for each SSA sub-scale and the total score.

Descriptive statistics were used to examine the *T*-scores for each sub-test and for the Verbal, Performance and Full Scales of the WASI and the average ability scores for the three sub-tests of the WIAT-II. These scores were compared with the standardised norms for these measures. The number of students with average ability on the WASI but who scored under and over the 30th percentile on the WIAT-II sub-tests was then calculated.

To assess the effects of the program intervention, it was planned that repeated measures ANOVA be used to assess the change in mean *T*-scores on the TRF and SSA between referral, in program and post-program. However due to missing TRF and SSA data the sample size available for analysis was too small to conduct a repeated measures ANOVA. Therefore, three separate ANOVAs using a different sample of students to measure change between two time periods was used. The three ANOVAs were used to assess change in scores between referral and in program, between in program to post-program and between referral to post-program. It is acknowledged that in doing this any change or lack of change may have been due to the use of different numbers of students included in the samples. However examination of the means and standard deviations at each time period indicated that there was little variation in scores between the different samples. The alternative would have been to measure change by a series of *t* tests using paired samples, however separate ANOVA comparisons are recommended for smaller sample sizes as the test of significance is not as harsh (Wilcox, 2002).

Next, the frequencies and percentages of each outcome destination for the 158 students at post-program and at the two follow-up periods at 3 and 6 months were calculated. Post-program, the 158 students were divided into the three outcome destination groups: the '*positive outcome*' destination group (POS) where students returned to or were maintained in mainstream school or moved onto vocational training or employment; the '*required further program intervention*' outcome destination group (FPI) where students remained at St Augustine's, and the '*negative outcome*' destination group (NEG) where students withdrew, were excluded or were not engaged in programs. At the two follow-up periods, the NEG group was defined as students who were not engaged in any form of education or employment.

Finally, variables that may be significantly related to the three outcome destination groups post-program (POS, NEG & FPI) were examined. Post-program destination was correlated with the variables used in the study such as demographic and referral factors, TRF and SAA scores and various program factors such as the number of significant incidents and length of attendance. Where significant correlations were found, a MANOVA or univariate ANOVA was then conducted to assess the significance of any differences in scores between the three outcome destination groups.

4.2 Missing data.

The study found that it was difficult to implement a consistent assessment process across programs. This was despite the Assessment and Pathways policy and checklist being developed for use by programs. Program staff were to complete administration of the WASI and abbreviated WIAT-II during the period of student induction and the TRF and SSA measures twice, once within 2 months of students being in the program and then again when students exited the program or were referred to another program. Students were to complete the YSR at enrolment and at exit.

During the course of implementation it was found that the requirements above were not uniformly integrated into practice across programs. With the YSF only the YEP program had fourteen students complete this measure. The form was only completed once at the time of the student's enrolment and none were completed post-program. Students in the other programs completed a small number of forms but in general programs reported that the students found them too difficult to complete. It was suggested that program staff

could read the items out to students but this practice was not adopted due to time constraints.

Staff did not complete the TRF and SSA as a matter of due course. The researcher was therefore required to drive and initiate the collection of information by individually contacting program staff and making specific requests at the end of every term. This was not an easy task. Information about new student enrolments and the transition of students from programs had to be obtained from the attendance sheets of each program, since starting and departure dates were not necessarily recorded in the central database. Keeping a research diary and participating in the weekly referral committee meeting was also necessary in order to find out about new referrals, to track internal referrals and to track student transitions and outcomes. The Transition Form developed to record outcomes was not routinely used, with only 19 forms completed during the study period. Therefore the majority of outcomes post-program were obtained by personal contact with either parents or program staff.

The WASI and the WIAT-II were selected on the basis that they were not time intensive and could be administered by teachers during the period of student induction and enrolment. It was hoped that the introduction of these measures would not only assist in profiling the needs of students for the study but would be a useful tool for individual educational planning at the program level. Despite staff attending two training sessions, only one teacher regularly administered these assessments and another, who had recently retired, was employed to conduct a small number of assessments.

The target was to assess 100 students and it is noted that all parents in the sample except one consented for their son or daughter to be assessed. The administration of the WASI and WIAT-II was primarily left to the researcher and as a result a total of 53 assessments were completed. The logistics of organising assessments of students once they were attending programs was a difficult and slow process. The student group was spread across six programs, the students in four of the programs attended part-time on different days of the week and students in all programs generally were only in class doing academic work from 9 to 10.30 or 11am as in the afternoons they were off site doing activities. Most students also needed to be seen twice in order to administer both the WASI and WIAT-II as their motivation for completing the assessment tasks or their attention span was often poor.

4.3 Number of completed TRF and SSA forms.

The completion of TRF and SSA forms over time was key to examining the impact of program intervention over time. A breakdown of the number of TRF and SSA forms completed by each program and the time of completion is presented in Table 4.1.

Table 4.1

Number and Percentage of Completed TRF and SSA Forms by the Number of Students Enrolled in Each Program at Referral, In-Program and Post-Program

Program		Number enrolled	External referrals	Internal referrals	In program	Post-program
PEMU	<i>n</i>	45	34	-	11	21
	%		75.5	-	24.4	46.6
SEMU	<i>n</i>	40	31	9	13	18
	%		77.5	22.5	32.5	45.0
St Helen's	<i>n</i>	12	6	1	4	4
	%		60.0	8.3	33.0	33.0
The School	<i>n</i>	14	4	8	3	3
	%		28.5	57.1	21.4	21.4
New St	<i>n</i>	25	9	2	-	6
	%		36.0	8.0	-	24.0
YEP	<i>n</i>	26	12	2	14	6
	%		46.1	7.6	53.8	23.0
Total	<i>n</i>	158	96	22	45	58
	%	100.0	60.7	13.9	28.4	36.7

There were a total of 118 (74.6%) TRF and SSA forms completed at referral comprised of 96 external referrals (60.7 %) and 22 (13.9%) internal referrals. Internal referrals were made when the student was referred onto another program rather than leaving St Augustine's. The internal referrals presented in the third column of Table 4.1 represent the number of completed TRF and SSA forms attached to internal referral forms made to the receiving program. For example, over half of the students attending 'The School' (n=8) were referred internally and these referrals came from St Helen's (n= 3) or SEMU (n=5). It is to be noted that there were 54 internal or re-referrals made during the course

of the study and therefore the number of internal referrals made with completed TRF and SSA data comprised 40.7% of the total number of internal referrals made.

For external referrals all the components of the TRF and SSA were completed. However for internal referrals while all the components of the TRF syndrome scales and the SSA were completed, the adaptive functioning sub-scales of the TRF was not always completed because when youth workers completed the form they reported that they didn't have the expertise to complete this section as it asked about how the student was performing in comparison to other students of the same age or grade level. Therefore for adaptive functioning only the results for external referrals were available.

The number of external referrals made with completed TRF and SSA forms are best representative of the Primary and Secondary EMU programs where 75.5% and 77.5% of students were enrolled with the measures completed. Measures not being completed at the time of external referral in the other programs occurred for two reasons. One was that, particularly in the first six to nine months of the study, referrals continued to be accepted and students enrolled in programs without the measures being completed. The other was that, many of the referrals to St Helen's and 'The School' were made prior to the commencement of the research and new or updated referral information was not obtained.

There were a number of specific program issues related to the collection of the data whilst in program and post-program. As Table 4.1 shows, only 28.4% of forms were completed on students when they were in program and 36.7% post-program. New St in particular did not complete any forms whilst students were attending and only completed six post-program.

A lack of 'throughput' in St Helen's meant that only four students left the program over the two-year period. For 'The School' seven of the 14 students in this program were referred on to either the New St or YEP program, however only three of these referrals were accompanied by completed TRF and SSA forms. With students in the YEP program the small number of forms completed at post-program reflects that fact that particularly in the first year of the study, many students only attended for a short period of time, or if they attended initially they then stopped attending. Thus the measures for these students were only completed whilst they were in program and not post-program.

The poor response rate and the lack of throughput meant that the sample size was not large enough to measure change from pre-program, in program and post-program within individual programs. Therefore no assessment can be made about relative program effectiveness or the influence of individual program factors such as target group or the length of intervention on any change in the students' functioning as a result of program participation. To conduct an analysis of variance, it was also crucial that the measures be completed at each time period for the same student. However, many students only had the measures completed at one or two-time periods rather than the expected three.

4.4 Qualitative interview data.

4.4.1 Number of interviews with students and parents.

A total of 25 families consented to be interviewed, including three families or guardians that consented to be included as case studies. Interviews took place from October 2002 to February 2005. There were a total of 51 interviews with students and 56 interviews with parents. The initial interview included all 25 parents and students while they were in program, 17 students and 21 parents post-program and 9 students and 10 parents at follow-up. The fewer number of interviews with parents or students at follow-up was due to difficulties in contacting parents or students once they had transitioned from St Augustine's or because the parents and students were not at home at the appointed interview time.

Interviews with parents generally took place in the family home whilst interviews with students were conducted either in the home or in the researcher's office. The duration of the initial interviews with parents ranged from 20 to 80 minutes, whilst interviews with students were generally considerably shorter ranging from 10 to 30 minutes. At follow-up interviews were either conducted face-to-face primarily in the family home, or were done on the telephone and with parent consent to tape record these using a speakerphone. Some of these interviews were relatively short in duration whilst others were considerably longer depending on the willingness and needs of the interviewee to share information.

The intention of the study design was to select families for interview on a random basis (for example every fifth student on St Augustine's central database) and to ensure that those included had completed referral information including the TRF and SSA measures. However, for a number of reasons it was found that random selection of the sample with completed referral information was not possible. Many of the students on the central

student database had been attending St Augustine's for some time and referral information was not available or the student remained in the database but had left St Augustine's without this being recorded. Another issue was the variation in the number of new enrolments across programs. The EMU programs had a high turnover of students whilst in St Helen's and 'The School' in particular, new enrolments occurred infrequently. Given these limitations and because it was important that the interview group included students from each program it was found that the sampling method needed to be purposeful.

The method of selecting the interview sample was revised and involved approaching parents for consent to be interviewed after their consent for the student to be assessed on the WIAT-II and WASI had been given and the student had been assessed. This had the advantage of the researcher having already met and developed a rapport with the student in the process of administering these measures. It is noted that a number of parents also contacted the researcher to obtain feedback about their son or daughter's assessment results. In meeting these parents they were also happy to be involved in the interview sample. This resulted in a larger parent interview group than initially planned for.

The attributes of the interview sample according to gender, reasons for referral, diagnosis, relevant background history, programs attended and outcomes at follow-up are provided in Appendix K. The initial sample included 21 (84%) male and four (16%) female students with 10 (43.6%) students aged 12 years or under at the time of referral and 13 (56.6%) aged 13 years or over. The interview sample was therefore broadly representative of the gender and age of students attending St Augustine's.

At the commencement of the study, the destination of students post-program could not be predicted. It was expected that the majority of students would attend one program and then leave St Augustine's. However, as the outcomes for the interview group provided in Appendix K indicate, a surprising finding was the number of students that attended more than one program or were re-referred to another program after leaving St Augustine's. During the course of the study, 11 (47.8%) students in the interview sample attended one program, nine (39.1%) attended two programs and three (13%) attended three programs. Therefore the interview data obtained perceptions from parents and students about attending a number of different programs over time.

4.4.2 Number of interviews with staff.

A total of 21 staff interviews were conducted. These included two Program Managers, three Team Leaders (two of whom were teacher trained and one youth work trained), 10 teachers, five youth workers and one instructor. The interview group comprised 10 females and 12 males, with 15 staff employed full-time and seven on a part-time basis. Years of service ranged from under 12 months to 26 years, with nine being employed for five years or less, five between six to 10 years and eight for over 11 years. Collectively the number of years of employment in the staffing group interviewed totalled 191 years with a mean of 8.7 years.

4.5 Summary of data collected.

As discussed above there were a number of inherent difficulties in implementing the proposed research design in an applied setting, particularly in obtaining required data. As a result the numbers of participants involved in each stage of the evaluation were different from the targets articulated in the original proposal. Table 4.2 provides a summary of the expected numbers of participants with the actual numbers for each component of the evaluation.

The Table shows that in the needs analysis a greater number of students were involved in providing data from the demographic and referral form and TRF and SSA than expected, while there were fewer than expected in having the YSR and WASI and WIAT-II completed. Targets were met in undertaking interviews with staff to articulate the service model. Information on the outcome destinations of students was available for all students in the sample at referral, in program and post-program but there was missing data for 27 students at follow-up because these students could not be located. The results concerning the specific student outcome destinations are provided in the next Chapter. It was anticipated that only twelve parents and students would participate in interviews in program, however, a sample of 25 was achieved. Due to difficulties in contacting parents and students during follow-up, the sample size interviewed at this time was reduced to 9 students and 10 parents respectively. The major problem in implementing the design as previously discussed in point 4.3, was the number of TRF and SSA measures completed in program and post program. This resulted in the sample size available for the analysis of change in adaptive functioning, mental health difficulties, social-emotional development to be substantially smaller than the 100 expected. The absence of any YSR being

completed in program and post-program meant that it was not possible to undertake any analysis of change in mental health status from the perspective of students.

Finally while the researcher was unable to undertake the Applied Behaviour Analysis (ABA) and targeted interventions, detailed individual case studies were developed from obtaining the developmental and medical history from four students and from three participating in the Subject-Object Interview. These students also had individual SSA and TRF measures completed over time. This enabled the research to report on this integrated assessment and outcome information, which is provided in Chapter Six.

Table 4.2

Summary of Expected and Actual Numbers of Participants Involved in the Different Components of the Evaluation

Evaluation component & measures used	Actual number of participants				
	Expected number of participants	Referral	In program	Post program	Follow-up
1. Needs analysis					
Demographic and referral	100	158	-	-	-
TRF	100	118	-	-	-
SSA	100	122	-	-	-
YSR	100	14	-	-	-
WASI/WIAT	100	53	-	-	-
2. Model development	All staff	All staff	-	-	-
3. Program impact					
Outcome destinations	100	158	158	158	131
TRF	100	118	45	58	-
SSA	100	118	45	58	-
YSR	100	14	0	0	-
Parent Interviews	12	-	25	21	10
Student Interviews	12	-	25	17	9
4. Case Studies					
Developmental History	4	4	-	-	-
Subject-Object Interview	4	3	-	-	-
ABA & intervention	4	-	-	-	-

Note: - denotes that no participants were expected at this stage

4.5.1 Presenting the results.

Methods triangulation is a process that involves comparing and integrating data collected from qualitative and quantitative methods. As Paton (2002) points out, because qualitative and quantitative approaches often lend themselves to answering different questions, the results of each method cannot always be reconciled and that “the researcher should not expect that the findings generated by different methods will automatically come together to produce some nicely integrated whole” (p. 557). In the present study the data sets produced from the qualitative and quantitative data were difficult to combine and match up in developing a sequential reporting of the results. For example the quantitative approach provided data about student needs, reasons for referral, the impact of service provision on changing student attitudes, competencies and behaviour, outcome destinations following service provision and predictors of outcomes. The qualitative approach on the other hand, produced data that overlapped with the quantitative data and also produced a great deal of additional information about the views and experiences of students, parents and staff and facilitated the development of individual scenarios and case studies. From the interview data the following five general higher order themes were inductively derived.

1. Student needs and characteristics from the perspectives of students, parents and staff
2. Educational experiences prior to St Augustine’s
3. Model of psycho-educational intervention
4. Perspectives of students and parents on service provision, and
5. Issues in the delivery of the model of intervention

A sample of the raw data to support one of the specific themes (behaviour management) in the high order theme or dimension of the model of psycho-educational intervention is provided in Appendix L.

In presenting the results, a decision however had to be made about whether or not to give the qualitative or quantitative data primacy in the logical and credible reporting of the results. The results of the needs analysis, the impact of program intervention, outcome destinations and predictors of outcomes are primarily derived from the quantitative data and due to issues of space only a summary of the themes are given to describe the outcomes of the needs analysis from the qualitative data in the areas of one and two above. Case study examples are, however, provided utilising both qualitative and

qualitative methods and put a human face to the figures and hard data. The theoretical basis of the model of intervention and the issues in the delivery of the model are also described utilising the themes emerging from the qualitative data, observations made by the researcher and documentary evidence.

4.6 Needs analysis.

Three components of the needs analysis are presented first and include: the family background characteristics of the students; the reasons for their referral and their educational experiences prior to St Augustine's, and characteristics of the sample as identified by the TRF and SSA.

4.7 Family background.

The first component of the needs analysis was to examine the demographic characteristics of the families of the students referred to St Augustine's and to compare these with norms for the general population.

4.7.1 Nationality.

All students were born in Australia, with 6 (3.8%) identifying as Aboriginal or Torres Strait Islander. The Census data for Victoria from the Australian Bureau of Statistics (ABS 2003) found that people of indigenous origin only comprised 0.5% of the population and therefore even though the numbers are small, indigenous children appear to be over-represented at St Augustine's. This is not surprising given that indigenous children are at higher risk of early school leaving (Brooks et al, 1997; AIHW, 2005). It is noted that MacKillop Family Services in North Geelong employs an Aboriginal Liaison worker to educate workers about indigenous issues and to work specifically with indigenous families and children involved with their services, including students attending St Augustine's.

Other than the small number of indigenous students attending St Augustine's, there was a distinct lack of cultural diversity in the student population referred given that the overwhelming proportion of parents were born in Australia (93%). Of the 7% of parents born overseas, 4.5% came from the United Kingdom and 2.5% from Europe. Only one student lived in a bi-lingual household. Census data shows that 71.1% of the Victorian population was born in Australia and 28.9% of parents were born overseas, including 4.5% from the United Kingdom. Further, 23.6% of parents spoke a language other than

English (ABS, 2001). Therefore, the students attending St Augustine's are not representative of the ethnic and cultural diversity that exists in the general Victorian population. The reasons for this are unclear, as the lack of diversity in the student group was not mentioned as an issue in the themes arising from the interview data.

4.7.2. Religious affiliation.

At the time of referral, 101 (63.9%) of families indicated that they had no religious affiliation. This is significantly higher than that found in the Census data where only 18.6% of the Victorian population reported having no religious affiliation (ABS, 2001). Religious affiliation data is not necessarily recorded by schools (MCEETYA, 2000) and the under-reporting of the parents' religious affiliation may be due to the referrers not having access to this information. Of those who did indicate a religious affiliation, all were Christian with 37 (23.4%) being Catholic, 11 (7%) Anglican, 6 (3.8%), Uniting Church, with the remaining 3 (2.9%) either affiliated with the Baptist or Jehovah Witness faith. The absence of parents affiliating with religions other than Christian is consistent given the over-presentation of parents born in Australia.

4.7.3 Family type, education and employment.

Table 4.3 presents an overview of family type, the highest year of education completed by parents and their current occupation. The percentage of students living in intact families was in the minority (24.2%) and compares sharply with the number of intact families with dependent children under 15 years of age in the Australian population where the rate is 72% (AIHW, 2005). Of significance is the over-representation of lone parents that comprised 55.3% of the sample with 45.2% of students living with a lone mother and 10.2% with a lone father. This is more than twice the incidence of the number of lone parents with dependent children under 15 years of age in the Australian population where the rate is 19.3%, with 17% of children living with their mother and 2.3% with their father. The number of students living in a stepfamily (8.2%) was comparable to the incidence of 8.1% in the general population (AIHW, 2005). A number of the lone parents may have had a partner but they were not identified in the referral form and may not have played an active role in the student's life nor identified as being a part of the family.

Data on the parents' highest year of education completed was available for 53% of mothers and 49.4% of fathers in the sample and therefore needs to be treated with caution, as it may not be representative of the total sample. Where the highest level of education was provided the mean number of years completed was 9.62 (*SD* 1.45) for mothers and 9

(*SD* 1.71) for fathers. Table 4.2 shows that 76.9% of mothers and 84% of fathers had only completed Year 10 or less. This suggests that the parents of students referred to St Augustine's have fewer years of completed education compared to the Victorian community where the incidence of completing Year 10 or less is 52% (ABS, 2001). It is also notable that the number of parents with post-secondary education (3%) was substantially less than the incidence of 20.6% in the population (ABS, 2001).

Table 4.3

Number and Percentage of Students by Family Type, Parents' Highest Year of Completed Education and Occupation

Family type ^a															
Lone mother		Lone father		Both parents		Step-family		Grandparent or relatives		Out-of-home care		Other			
<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
71	45.2	16	10.2	38	24.2	13	8.3	6	3.8	8	5.1	5	3.1		
Mother's highest year of completed education ^b															
6		7		8		9		10		11		12		Post Secondary	
<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
2	2.7	3	4.1	7	9.5	24	32.4	21	28.4	10	13.9	4	5.4	3	4.1
Father's highest year of completed education ^c															
6		7		8		9		10		11		12		Post Secondary	
<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
4	5.0	6	7.5	15	18.8	24	30	17	21.3	11	13.8	-	-	2	2.5
Mother's occupation ^d															
Home duties				Unskilled				Semi-skilled/trades				Skilled/professional			
<i>n</i>		%		<i>n</i>		%		<i>n</i>		%		<i>n</i>		%	
73		68.2		12		11.2		13		12.1		10		9.3	
Father's occupation ^e															
Home duties				Unskilled				Semi-skilled/trades				Skilled/professional			
<i>n</i>		%		<i>n</i>		%		<i>n</i>		%		<i>n</i>		%	
8		9.9		43		53.1		24		29.6		6		7.4	

^a *N*=157, ^b *N*=84, ^c *N*=80, ^d *N*=107, ^e *N*=81

A report on the relationship between education and employment status by the Organisation for Economic Co-operation and Development (OECD, 2003) found that the labour force participation in Australia for individuals whose highest year of education is below Year Ten is 79% for males and 55% for females. When participating in the labour force this group is more likely to be in unskilled occupations. Given the majority of parent in the sample has completed Year 10 or less, the demographic picture that emerges from the referral data on employment confirms this relationship.

Table 4.3 shows that 67.6 % of mothers reported they were unemployed and engaged in home duties, 10.9% were employed in unskilled, 11.1% in semi-skilled occupations and 9.3% were in skilled, professional occupations. Fathers in comparison to mothers were less likely to be unemployed or at home (9.9%) but were more likely to be employed in unskilled (53.1%) or semi-skilled (29.6%) occupations and less likely to be employed in skilled or professional occupations (7.4%). Collapsing the nine occupational groups into the three categories used for coding in the sample, the ABS (2001) data for Victoria shows that 26.8% of males are employed in unskilled, 33.2% in semi-skilled and 39% in professional occupations. Therefore in general the data suggests that the fathers in the sample have a higher incidence of employment in unskilled occupations and a lower incidence in professional occupations than the community average.

Table 4.4 provides a breakdown of the parents' occupational status by family type. The majority of mothers (66%) in two-parent families were at home which is higher than the community average of 45% (ABS, 2003). Similarly, the majority of lone mothers in 70.6% of cases were engaged in home duties. This is substantially higher than the community average where 45% of lone mothers with a child less than 15 years of age is at home (ABS, 2003).

Table 4.4

Family Type by the Parents' Occupational Status

Mother's occupation ^a								
	Home duties		Unskilled		Semi-skilled		Skilled or professional	
Family type	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Lone mother	36	70.6	6	11.8	4	7.8	4	7.8
Lone father	6	66.6	2	22.2	1	11.1	-	-
Both parents	18	66.6	1	3.7	5	18.5	3	11.1
Step family	6	54.5	1	9.0	3	27.2	1	9.0
Grand parent or relatives	3	75.0	-	-	-	-	1	25.0
Out-of-home care	1	33.3	1	33.3	-	-	1	33.3
Other	3	75.0	1	25.0	-	-	-	-
Total	73	68.2	12	11.2	13	12.1	10	9.3
Father's occupation ^b								
Family type	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Lone mother	3	9.0	17	51.5	10	30.0	3	9.0
Lone father	1	11.1	6	66.6	2	22.0	-	-
Both parents	3	15.0	9	45.0	5	25.0	3	15.0
Step family	-	-	5	50.0	5	50.0	-	-
Grand parent or relatives	1	33.3	2	66.6	-	-	-	-
Out-of-home care	-	-	1	33.3	2	66.6	-	-
Other	-	-	3	100.0	-	-	-	-
Total	8	9.9	43	53.1	24	29.6	6	7.4

^aN=108, ^bN=81

The sample size for lone fathers is small, however all except one father (11.1%) was engaged in home duties, which is lower than the community average of 49% (ABS, 2003). The referrer in 33 cases knew the occupation of the father where students were living with lone mothers. This may suggest that they may still be involved with the family even if the mother and father were living apart. A similar pattern is also found for lone fathers, where the mother's occupation was known in nine cases.

The study was unable to collect data on income but census data has found that couple families have an average income 2.8 times that of lone parents (ABS, 2003). The lone parents in the interview sample, including those that were employed, reported that they struggled financially and the lone parents who were primarily reliant on government welfare payments reported that they were often in debt.

4.7.4 Postcode.

Students primarily lived in geographical areas spanning the inner and outer suburbs of Geelong in the Barwon region of Victoria. Geelong is a major regional town one hour from Melbourne and 91.8% of students were living in postcodes defined as urban for the Barwon region by the ABS (2001). Postcodes have been used to indicate the level of disadvantage in the local community by looking at a range of social and economic health indicators (Vinson, 2004). These indicators include the incidence of psychiatric admissions, reports of child abuse, prison admissions, recipient of disability or sickness benefits, long-term unemployment, and early school leaving. Using the relative rank of disadvantage of the student's postcode with a possible range of 1 (being the most disadvantaged) to 19 (the least disadvantaged) it was found that 36% of students were living in a postcode with a quintile rank of 3 or less, 29.2% with a rank of 5-10 and 34.8% with a rank between 14-19.

The percentage of students living in postcodes spread across these three quintile groups is not surprising given that it is a requirement of the EMU programs that they accept an equal number of students from each one of the three educational networks that cover the entire Barwon region. Nevertheless, one third of students were living in a postcode with a quintile rank under 3 and these students were primarily living in postcode 3214 which is the Corio, North Shore and Norlane area. According to the research undertaken by Vinson (2004) these three suburbs are ranked 14th on the list of the most disadvantaged areas of Victoria.

4.8 The impact of socioeconomic disadvantage on the wellbeing of students.

There were three themes resulting from the interviews with staff concerning the impact of poverty on the lives of students. The first was a lack of mobility. For example:

One of our students has hardly been here lately for various reasons. Mum has five other children and no car and has to catch two buses across town so he is

stuck at home. It is hard she has to get up at 5.30am to get him here (ID 18, 14, 5).

The second was missed developmental opportunities. For example:

The majority of primary students, I can't speak for secondary have never done surfing, a lot of them have never even been in the pool this term, let alone the ocean or going on camp and that's because most of their parents can't afford these extra things or they don't have a car (ID 17, 4, 2).

The third was social exclusion and alienation from school, for example:

Schools are developing a culture that is unwelcoming and alienating for those living with poverty. The increase in a whole range of voluntary fees means for example, that sometimes our students have missed out on participating in excursions when they are expensive and this acts to set them apart and for them to feel different (ID 3, 6, 4), and from their peers, for example:

The students know that they are not fitting in with the 'beautiful me' image of the other kids and they know that they can't afford the right brands or the right style of clothes as their families haven't got the money (ID 4, 8, 1).

It is noted that while unable to address poverty directly, the provision of challenging and rewarding developmental activities and being socially inclusive were two intervention strategies identified by staff to address the impact of disadvantage experienced by many students. These strategies are discussed further in Chapter Seven.

4.9 Referral characteristics.

The second component of the needs analysis was to examine the referral characteristics of students attending St Augustine's derived from the information provided in the referral form.

4.9.1 Occupation of the referrer.

The majority of students (n=145, 91.8%) were referred from government schools, and only a small minority came from the Catholic Schools (n=13, 5.7%). Therefore, whilst St Augustine's is registered as a Catholic school, the student base is primarily drawn from the public sector. The occupation of the referring professional is presented in Table 4.5.

Principals or Assistant Principals, teachers or student welfare personnel referred a total of 124 students (78.4%). Parents made 7 referrals directly and generally this was because these students were no longer attending school.

The EMU programs require that the referrals were made through student network coordinators, however this is not necessarily a requirement for the other programs. With almost half of all referrals coming from school principals or teachers directly, this raises the question about whether or not students had been referred for assessment and intervention prior to the referral and whether or not there was a professional working within student welfare to co-operatively plan the goals of placement with staff at St Augustine's.

Table 4.5

Occupation of the Referrer

Type of worker	<i>n</i>	%
Principal or assistant principal	44	27.8
Teacher	34	21.5
Student welfare coordinators or psychologists	46	29.2
DHS case managers	10	6.4
CAMHS case managers	9	5.6
Parent	8	5.0
Family or youth support worker	7	4.4

N=158

4.9.2 Year level.

The majority of students (54.8 %) had completed Year Six or less (22.8% Year Six, 21.5% Year Five and 10.2% Year Four or less). It is noted that there were 13 students (8%) of these students who should have completed Year Seven but due to school non-attendance had only completed Year Six. At the secondary level, 25% had completed Year Seven and 17.8% Year Eight. Only one participant (0.6%) had completed Year Nine and none of the students had completed Year 10. This profile raises the importance of students either returning to mainstream school to continue their education or for those who are unlikely to return, for students to be equipped with the literacy and numeracy skills they will need to cope with the demands of vocational education or employment after they leave St Augustine's.

4.9.3 School attendance.

At the time the referral was made 58 students (36.7%) were not attending school at all. Data on the reason for non-attendance and the length of time since these students had attended school was available for 48 of these students. In this group, 23 students (47.9%) were refusing to attend school and eight (16.6%) were seen as persistent truants. Fourteen students (29%) had been asked to leave and four students (8.3%) had been formally expelled. It is noted that the specific reasons for a student refusing to attend, for example was often not described in the referral form and it is unknown whether the reason was anxiety based or the student's general disaffection from school. These results indicate that only a small minority were not attending because they had been formally expelled from school. Nevertheless, this raises issues of a lack of formal administrative review of the decision to exclude students by asking them to leave prior to the legal age requirement for school leaving and the effectiveness of school-based services available to engage students who are refusing to attend or who are truant from school. Furthermore, the intervention strategies used by the programs at St Augustine's to engage students refusing school due to factors such as anxiety or being the victim of bullying need to be different from those used to engage students who are disaffected from school.

Of the 58 students who were not attending school at the time of referral, 14 students (29%) had not attended school for three months or less, 21 (43.7%) had not attended for four to six months, 10 (18.7%) had not attended for seven to nine months and 3 (8.4%) had not attended for 10 months or more. Waiting times vary enormously between the programs, for example referrals to the EMU programs can generally be accommodated within two months, as there is a turnover of a group of fourteen students each term. Vacancies in the St Helen's, 'The School' and YEP are extremely variable and a student may be placed on a waiting list for many months before a place becomes available. The length of non-attendance at school prior to commencing at St Augustine's is likely to be an underestimated for many students given the waiting time from referral until enrolment. Students also may have been attending school at the time of the referral, but by the time they are given a place may have been excluded or withdrawn from school. Unfortunately the study was unable to ascertain average waiting times for programs or any change in school attendance between referral and enrolment because this information was kept as individual program data and was not available centrally.

Referrers were asked whether or not the student had spent time away from school in the past six months for reasons other than illness and how many days they had been absent. In the group of 100 students that were still attending school, 42 students had been absent from school for reasons other than illness, with 21 students being away from four to 10 days, 15 students for 11 to 20 days and six students for 21 to 50 days.

4.9.4 Disciplinary action.

A total of 91 students (57.5 %) in the sample had a history of being suspended from school at least once. The main reasons for suspension were physical aggression towards others (32%) and verbal abuse towards teachers (48%). Other reasons given included class disruption, damage to school property, stealing and possession of an illegal substance, and smoking. It is noted that a number of students may have also experienced in-house suspensions but these were not always specified in the referral form.

Twenty-two students (22%) in the group who were currently attending school were on a protocol arrangement at the time of referral. These arrangements are seen as a last chance before expulsion and involve the student being sent to another school for a 'second chance'. If the student's behaviour improves they may be allowed to return to their home school, if not they then may be expelled.

4.10 Reasons for referral.

Referrers were asked to describe 'what is happening or has happened at school that has led to the referral?' The reason for referral was not adequately described to enable coding in 10 cases, leaving a sample of 148 students. For example the referrer may have just said '*this student requires an alternative setting*'. Up to three reasons for referral were coded for each student and a total of ten reasons were derived from the responses. There were a total of 360 reasons with an average of 2.4 per student. Table 4.6 presents the reasons for referral.

Approximately half the sample was referred for disruptive, non-compliant behaviour, poor social skills and/or social isolation from peers and aggressive, violent behaviour, including bullying. An inability to control anger featured in one third of the sample. Thus referrers tended to focus on behavioural and social concerns rather than poor academic performance or motivation to work as the primary reasons cited that led to the referral.

Table 4.6

Reasons for Referral

Reason	<i>n</i>	%
Disruptive/non-compliant behaviour	84	56.0
Poor social skills and/or social isolation	69	46.6
Aggressive /violent behaviour including bullying	68	45.9
Inability to control anger	49	33.1
Refuses to work	25	16.9
Underachieving/well behind	20	13.5
Inability to concentrate	19	12.8
Not suited to mainstream	19	12.9
Wants to return to school	18	12.1
Victim of bullying	11	7.4

N=148

In the comments section to support the referral, family related issues were identified for 56 students (35.5%). Primary issues included parent divorce (*n*= 35) or the death of a parent (*n* = 8), domestic violence (*n*= 12) or the mental health difficulties of a parent, (*n*= 7). An inability of the parent to manage the student's behaviour at home was cited in 21 students. It is likely that family difficulties were under reported, as referrers were not specifically asked about this. Referrers may also not have known of the home circumstances of the student or may have provided this information confidentially later in the process of negotiating the referral. It was obvious from information provided by parents in the interview group and those who were contacted regularly over time to obtain outcome data was a range of traumatic issues featured in the lives of students, such as sexual abuse, parent incarceration, parent or sibling death as a result of drug overdose, homelessness, domestic violence between parents and siblings, and the poor mental or physical health of parents.

4.11 Diagnosed medical and mental health conditions or disabilities.

Referrers were asked to list any medical conditions affecting students referred. A total of 88 students (55.6%) presented with a developmental, learning or mental health disability (see Table 4.7). For students with developmental or learning disabilities, the main category was Attention Deficit Hyperactivity Disorder (ADHD) (n=52) which had been diagnosed by a mental health or medical professional. Forty-four of the students presenting with an ADHD diagnosis (84.6%) were on medication. Four of the students diagnosed with depression or anxiety were described as suicidal, and the students presenting with post-traumatic stress disorder had both suffered sexual abuse. Nine of the students with a diagnosed mental health condition were currently taking medication to treat their symptoms and all students who suffered asthma were on medication.

Table 4.7

Type of Developmental, Learning, Mental Health or Medical Problems Experienced by Students

Type	Diagnosis	<i>n</i>	%
Developmental or learning	Attention deficit and hyperactivity disorder	52	32.9
	Severe language disorder	5	3.2
	Aspergers syndrome	4	2.5
	Autism	1	0.6
	Tourettes syndrome	2	1.3
	Intellectual disability	1	0.6
Mental health	Depression or anxiety	14	8.7
	Post traumatic stress disorder	2	1.3
	Oppositional defiant disorder	2	1.3
	Obsessive compulsive disorder	2	1.3
	Attachment disorder	2	1.3
Medical	Asthma	19	12.0
	Epilepsy	3	1.9
	Brain tumor	1	0.6
	Deafness in one ear	1	0.6
	Albinism	1	0.6

N=158

The results in Table 4.7 indicate that St Augustine's is accepting students with a broad range of developmental and mental health difficulties that require specialist expertise, knowledge and intervention.

4.12 Involvement with other services.

The referral form asked referrers to specify whether or not other services had been involved with the student. At the time of referral 133 students (85.2%) had been or were currently linked to mental health, student welfare or family and youth support services in the community. With a range of one to seven services, 53 (39.8%) had been or were linked to one service, 50 (37.6%) to two services and 30 (22.5%) to three or more services. A total of 60 students (45%) had been or were currently involved with a mental health service, 54 (40.6%) with a paediatrician, 50 (44.3%) with a student welfare service, 26 (19.5%) with the Child Protection Service (Department of Human Services), and 17 (12.7%) with a youth counselling or support service. For 20 students (15%), their families had been or were linked to a family support service. These results raise the need for program staff to collaborate with a wide range of other services that may be working with the student or their family. Less than one half of the sample had been or were currently involved with student support services prior to being accepted into programs even if the referral went through network co-coordinators as required for students referred to the EMU programs.

Referrers were also asked whether or not there was any current involvement with a juvenile justice service. Nine students (6.7%) had a juvenile justice worker because they were currently on a statutory order such as probation or supervision order for previous offences.

A further question asked was whether or not the student was known to MacKillop Family Services and 15 students (10%) were identified as involved in MacKillop's out-of-home care or family support programs. The relatively small number of students known to MacKillop Family Services is a departure from the past where a significant proportion of students living in out-of-home care were referred to St Augustine's and given priority access over other referrals. During the study it is noted that policy was changed and that students living in out-of-home care services no longer have priority access. This has led to a small number of students who are living in out-of-home care and not attending an education program during the day to be no longer accessing the services provided by St Augustine's.

4.13 Referrers' expectations of the services to be provided.

In order to obtain information about what the referrer hoped St Augustine's would provide for the student, they were asked the question 'How do you think St Augustine's programs might assist the student?' Responses were provided for 137 students (86.7 %) and 15 areas were coded. The results are presented in Table 4.8.

Table 4.8

Referrers' Expectations of the Services to be Provided

Domain	Assistance to be provided	<i>n</i>	%
Develop social and behavioural skills	Learn appropriate behaviour	66	48.1
	Develop social skills	54	39.4
	Improve self-esteem and confidence	48	35.0
	Learn to manage emotions and anger	42	30.5
	Learn to co-operate in a group	18	13.1
	Improve communication skills	9	6.6
	Improve decision making skills	8	5.8
	Develop moral skills	4	2.9
Develop academic skills	Teach basic literacy and numeracy	14	10.2
	Improve motivation to learn	9	6.6
Learning environment	Provide activity-based learning	28	20.4
	Provide 1:1 assistance	17	12.4
Assist with transition	Prepare for workforce or training	14	10.2
	Prepare for high school	8	5.8
	Help to reconnect to school	7	5.2

N= 137

The change expected to result from program intervention was consistent with the reasons for referral. Referrers hoped that students would learn appropriate behaviour, develop social skills and improved self-esteem and learn to manage their emotions, particularly their anger. The need for students to develop these skills was seen as a priority over the development of their academic skills. Two aspects of the learning environment were cited

as being important for facilitating change. This was the provision of activity-based learning and 1:1 assistance.

4.14 Student characteristics.

The third component of the needs analysis examined the results of the TRF, YSF and SSA measures at referral and the administration of the WASI and WIAT-II to students after enrolment to provide data on how students referred may differ from their peers in presenting mental health symptoms, social-emotional competency, ability and achievement levels.

4.14.1 Level of adaptive functioning.

The TRF adaptive functioning scales are conceptualised to provide a measure of skills, strengths or competencies related to learning and general wellbeing. Table 4.9 shows the T-score means and standard deviations for the adaptive functioning sub-scales and total competence scores at referral.

The data in Table 4.9 shows that the mean *T*-scores for total competence was in the clinical range ($T < 37$) for students referred to all programs. This is clinically significant as it was expected that students referred to the two early intervention EMU programs would present with a higher level of adaptive functioning than those referred to the other four intervention programs designed to target students with more severe difficulties. For all programs, the mean *T*-scores for each adaptive functioning sub-scale fell in the borderline or clinical range ($T = 37-40$), except in the area of academic performance for students referred to the St Helen's and YEP program.

Table 4.9

Pre-program T-score Means and Standard Deviations for the TRF Adaptive Functioning Sub-scales and Total Competence at Referral by Program Type

	Primary EMU ^a		Secondary EMU ^b		St Helens ^c		The School ^d		New St ^e		YEP ^f	
Sub-scale	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Academic	39.4 [*]	5.2	39.9 [*]	5.0	40.1	6.7	38.2 [*]	3.3	38.5 [*]	4.5	40.1	6.5
Working	38.6 [*]	4.3	38.8 [*]	4.0	35.0 ^{**}	.00	37.0 [*]	2.3	37.8 [*]	2.6	38.0 [*]	4.3
Behaving	37.9 [*]	3.7	36.4 ^{**}	2.3	35.0 ^{**}	.00	37.5 [*]	3.3	37.0 [*]	2.3	35.8 ^{**}	1.1
Learning	38.7 [*]	5.0	36.9 ^{**}	3.0	35.0 ^{**}	.00	36.5 ^{**}	2.3	36.8 [*]	2.1	37.2 [*]	3.1
Happy	37.3 [*]	5.2	38.7 [*]	4.7	37.3 [*]	4.3	35.0 ^{**}	.00	38.6 [*]	5.0	38.4 [*]	5.8
Total Competence	36.9 ^{**}	3.5	36.1 ^{**}	2.2	35.0 ^{**}	.00	35.2 ^{**}	.50	36.1 ^{**}	1.3	36.1 ^{**}	2.9

Note: ^{*} Borderline 37-40, ^{**} Clinical <37

^a N= 36, ^b N= 31, ^c N= 6, ^d N= 4, ^e N= 9, ^f N=12

The absence of any deviation in the scores on the working, behaving and learning sub-scales and the total competence scale for students in the St Helen's program indicates that all students scored in the clinical range on these dimensions. Inspection of the standard deviations in Table 4.8 indicates that there was considerable variance in the distribution of scores for students attending the other programs. A breakdown of the number of students scoring in the normal, borderline and clinical ranges for each of the adaptive functioning sub-scales for all referrals and by program type are presented in Table 4.10.

The data for referrals to all programs shows that in the area of academic performance for example, 43.8% of students (n= 42) were rated as functioning in the normal ($T > 40$) range, that is as performing at their Grade level, whilst 45.8% (n= 44) scored in the clinical range ($T < 37$), indicating that they were functioning well below their Grade level.

On the sub-scales of learning, behaving and happy, over 60% of the sample fell in the clinical range ($T < 37$).

Table 4.10

Pre-program Number and Percentage of Students Scoring in the Normal, Borderline and Clinical Range for the Adaptive Functioning Sub-scales for all Referrals and by Program Type

Scale & range	All Referrals ^a		Primary EMU ^b		Secondary EMU ^c		St Helens ^e		The School ^e		New St ^f		YEP ^g	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Academic														
Normal	42	43.8	13	38.2	17	54.8	4	66.7	1	25.0	2	22.2	5	41.7
Borderline	10	10.4	3	8.8	2	6.5	-	-	-	-	2	22.2	3	25.0
Clinical	44	45.8	18	52.9	12	38.7	2	33.3	3	75.0	5	55.6	4	33.3
Working														
Normal	34	35.5	15	44.1	14	45.2	-	-	-	-	1	11.1	4	33.3
Borderline	18	18.8	5	14.7	5	16.1	-	-	2	50.0	5	55.6	1	8.3
Clinical	44	45.8	14	41.2	12	38.7	6	100	4	50.0	3	33.3	7	58.3
Behaving														
Normal	16	16.7	10	29.4	4	12.9	-	-	1	25.0	1	11.1	-	-
Borderline	17	17.7	6	17.6	4	12.9	-	-	1	25.0	4	44.4	2	16.7
Clinical	63	65.6	18	52.9	23	74.2	6	100	4	50.0	4	44.4	10	83.3
Learning														
Normal	23	24.0	14	41.2	5	16.1	-	-	1	25.0	2	22.2	1	8.3
Borderline	8	8.3	1	2.9	2	6.5	-	-	-	-	1	11.1	4	33.3
Clinical	65	67.7	19	55.9	24	77.4	6	100	3	75.0	6	66.7	7	58.3
Happy														
Normal	23	24.0	10	29.4	7	22.6	1	16.7	-	-	3	33.3	2	16.7
Borderline	14	14.6	-	-	9	29.0	1	16.7	-	-	1	11.1	3	25.0
Clinical	59	61.5	24	70.6	15	48.4	4	66.7	4	100	5	55.6	7	58.3

Note: Normal >40, Borderline 37- 40, Clinical <37.

^a $N = 96$ ^b $N = 34$ ^c $N = 31$ ^d $N = 6$ ^e $N = 4$ ^f $N = 9$ ^g $N = 12$

Within the individual programs, over two-thirds of students referred to the Secondary EMU program scored in the clinical range ($T < 37$) in the areas of learning and behaving. For students referred to Primary EMU it is notable that 70% scored in the clinical range ($T < 37$) for being far less happy than their peers.

4.14.2 Level of psychopathology.

The TRF syndrome scales were used to measure the clinical significance of the mental health symptoms experienced by students. Table 4.11 contains the mean T -scores for the TRF syndrome scales for all external referrals and external referrals by program type. For all external referrals, the students' mental health symptoms were in the clinical (disorder) range for total problems and for externalising difficulties ($T > 69$, $> 97^{\text{th}}$ percentile). With respect to the narrow-band syndrome scales, non-compliant behaviour such as rule-breaking behaviour scored in the clinical range ($T > 69$) for all programs except Primary EMU and aggressive behaviour scored in the clinical range ($T > 69$) for all programs except 'The School'. For all programs except Primary EMU and 'The School', social problems scored in the borderline ($T = 65-69$) range. Students presenting with major difficulties in these areas on the TRF is consistent with the primary reasons given by referrers for requesting a placement at St Augustine's.

In looking at the results for the individual syndrome scales, the students referred to St Helen's program scored in the clinical (disorder) range ($T > 69$) for four of the sub-scales (somatic, thought, attention, rule-breaking and aggression) and in the borderline range ($T = 65-69$) for social problems. These results indicate that these students present with a very high level of clinical psychopathology and appear to be the most disturbed group of students referred to St Augustine's.

On the other hand relative to the other programs, students referred to 'The School' appeared to have less serious mental health problems as their scores fell in the normal range for all of the narrow-band syndrome scales except for rule-breaking where their scores fell in the borderline range. For external referrals the number of students attending the school was small ($n=4$). When internal referrals were added to increase the sample size of students attending 'The School' to 12, Table 4.11 indicates that their scores for social problems and attention problems fell in the borderline range ($T = 65-69$) and their rule-breaking and aggressive problems in the clinical range ($T > 69$).

Inspection of the standard deviations for external referrals indicated that there was variance in the distribution of scores. A breakdown of the number of students in the normal, borderline and clinical ranges for each of the syndrome scales for all external referrals and by program type are presented in Table 4.13. For students attending 'The School' both internal and externally referred students are included.

In all programs, approximately 60% of students were presenting in the borderline ($T=65-69$) to clinical range ($T>69$) for social, rule-breaking and aggressive behaviour. Of interest, is that for the Primary and Secondary EMU, 'The School' and New St, 20% to 25% of students were also presenting with anxious/depressed symptoms in the clinical range ($T>69$). The next analysis examined the extent to which there was comorbidity between the syndrome scales.

Table 4.11

Pre-program Mean T-scores and Standard Deviations for the TRF Syndrome Scales all External Referrals by Program Type

Scale	All referrals ^a				Primary EMU ^b				Secondary EMU ^c				St Helen's ^d				The School ^e				New St ^f				YEP ^g			
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Anxious depressed	61.8	8.7	63.3	8.9	62.0	9.8	62.0	9.8	62.0	9.8	62.0	9.8	59.5	5.4	56.2	5.6	59.2	7.3	59.5	7.7								
Withdrawn	61.8	8.2	63.2	9.9	61.4	9.0	61.4	9.0	61.4	9.0	61.4	9.0	65.3*	4.0	64.0	11.1	60.6	5.1	57.8	4.6								
Somatic	55.1	7.5	54.5	6.4	54.2	6.3	54.2	6.3	54.2	6.3	54.2	6.3	71.5**	6.7	53.0	6.0	55.7	7.7	51.3	3.1								
Social	65.9*	8.3	64.7	8.4	66.7*	8.9	66.7*	8.9	66.7*	8.9	66.7*	8.9	68.6*	9.8	60.2	7.2	68.1*	5.9	65.9*	7.8								
Thought	59.5	10.0	58.6	9.1	59.0	10.5	59.0	10.5	59.0	10.5	59.0	10.5	71.6**	9.2	51.7	3.5	58.8	11.5	60.5	9.5								
Attention	65.1*	9.4	63.0	6.8	65.4*	11.1	65.4*	11.1	65.4*	11.1	65.4*	11.1	73.1**	8.9	64.0	10.3	69.4**	11.4	64.0	7.8								
Rule-breaking	69.2**	10.0	67.5*	10.5	69.1**	9.7	69.1**	9.7	69.1**	9.7	69.1**	9.7	79.5**	10.7	69.5**	11.5	69.8**	10.9	69.0*	8.0								
Aggression	71.0**	11.3	69.4**	11.8	69.7**	12.1	69.7**	12.1	69.7**	12.1	69.7**	12.1	74.1**	3.9	63.0	7.8	76.0**	11.7	76.2**	9.4								
Internalising	62.0*	9.5	63.5**	7.7	61.5*	9.7	61.5*	9.7	61.5*	9.7	61.5*	9.7	68.2**	5.3	60.0*	9.3	60.6*	7.4	57.9	7.3								
Externalising	70.2**	9.3	68.3**	10.9	69.5**	9.0	69.5**	9.0	69.5**	9.0	69.5**	9.0	76.5**	4.4	65.7**	9.4	73.7**	9.0	73.0**	6.7								
Total problems	68.5**	8.3	67.7**	8.5	67.7**	9.3	67.7**	9.3	67.7**	9.3	67.7**	9.3	76.0**	5.7	65.0**	9.8	71.2**	8.5	68.6**	7.1								

Note: *Borderline 65-69, **Clinical >69 for the syndrome scales and *Borderline 60-63, **Clinical >63 for internalising, externalising and total problems

^a N = 96 ^b N = 34 ^c N = 31 ^d N = 6 ^e N = 4 ^f N = 9 ^g N = 12

Table 4.12

Pre-program Mean T-scores and Standard Deviations for the TRF Syndrome Scales all External and Internal Referrals and Referrals by Program Type

Scale	All referrals ^a			Primary EMU ^b			Secondary EMU ^c			St Helen's ^d			The School ^e			New St ^f			YEP ^g		
	M	SD		M	SD		M	SD		M	SD		M	SD		M	SD		M	SD	
Anxious depressed	61.6	8.5		62.8	8.9		62.1	9.8		59.1	5.4		60.5	6.4		59.6	7.3		60.7	7.7	
Withdrawn	61.8	8.0		62.7	9.9		61.4	9.0		65.3 [*]	4.0		62.3	8.7		61.6	5.1		60.0	7.3	
Somatic	55.2	7.4		54.3	6.4		54.5	6.3		69.5 ^{**}	6.7		56.5	8.5		55.4	7.7		51.3	3.1	
Social	65.8 [*]	8.2		64.9	8.3		66.7 [*]	8.9		68.6 [*]	9.8		65.8 [*]	7.2		68.1 [*]	5.9		65.9 [*]	7.8	
Thought	60.1	10.0		59.1	9.5		58.7	10.5		71.6 ^{**}	9.2		61.6	11.7		58.8	11.5		61.2	9.1	
Attention	65.3 [*]	9.2		63.2	6.8		65.4 [*]	11.1		73.1 ^{**}	8.9		67.3 [*]	10.0		69.4 ^{**}	11.4		65.7 [*]	7.8	
Rule-breaking	69.4 ^{**}	9.9		67.5 [*]	10.2		69.9 ^{**}	9.7		77.1 ^{**}	10.8		71.1 ^{**}	11.5		69.3 ^{**}	10.9		69.9 ^{**}	8.0	
Aggression	70.8 ^{**}	11.4		69.6 ^{**}	11.4		69.7 ^{**}	12.1		72.4 ^{**}	3.9		70.2 ^{**}	11.3		72.8 ^{**}	11.7		76.2 ^{**}	10.6	
Internalising	62.1 [*]	8.2		63.5 ^{**}	7.7		61.5 [*]	9.2		68.2 ^{**}	5.6		62.3 [*]	8.7		61.3 [*]	7.4		59.6	7.3	
Externalising	70.1 ^{**}	9.3		69.4 ^{**}	10.5		69.5 ^{**}	9.0		75.7 ^{**}	6.3		70.5 ^{**}	10.2		73.7 ^{**}	9.0		73.7 ^{**}	6.7	
Total problems	68.5 ^{**}	8.3		67.8 ^{**}	8.2		67.4 ^{**}	9.3		76.0 ^{**}	5.7		68.9 ^{**}	9.1		71.2 ^{**}	8.5		69.7 ^{**}	7.1	

Note: ^aBorderline 65-69, ^{**}Clinical >69 for the syndrome scales and ^{*}Borderline 60-63, ^{**}Clinical >63 for internalising, externalising and total problems

^a N = 118 ^b N = 34 ^c N = 40 ^d N = 7 ^e N = 12 ^f N = 11 ^g N = 14

Table 4.13

Pre-program Number and Percentage of Students in the Normal, Borderline and Clinical Range for TRF Syndrome Scales for all External Referrals and Internal Referrals by Program Type

Program & range	Anxious/ Depressed		Withdrawn		Somatic		Social		Thought		Attention		Rule- breaking		Aggression	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
All referrals^a																
Normal	64	66.7	67	69.8	83	86.5	41	42.7	67	69.8	52	54.2	32	33.3	32	33.3
Borderline	16	16.7	20	20.8	7	7.3	29	30.2	12	12.5	24	25.0	27	28.1	17	17.7
Clinical	16	16.7	9	9.4	6	6.3	26	27.1	17	17.7	20	20.8	37	38.5	47	49.0
PEMU^b																
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Normal	16	47.1	26	73.5	30	88.2	16	47.1	24	70.7	21	61.8	13	38.2	12	35.3
Borderline	11	32.4	7	20.6	3	8.8	8	23.5	7	20.8	8	23.5	10	29.4	6	17.6
Clinical	7	20.6	2	5.9	1	2.9	10	29.4	3	8.8	5	14.7	11	32.4	16	47.1
SEMU^c																
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Normal	22	71.0	19	61.3	28	90.3	13	41.9	22	71.0	19	61.3	10	32.3	13	41.9
Borderline	3	9.7	7	22.6	2	6.5	10	32.3	3	9.7	5	16.1	10	32.3	7	22.6
Clinical	6	19.4	5	16.1	1	3.2	8	25.8	6	19.4	7	22.6	11	35.5	11	35.5

Program & range	Anxious/ Depressed		Withdrawn		Somatic		Social		Thought		Attention		Rule- breaking		Aggression	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
St Helen's^d																
Normal	5	83.3	3	50.0	1	16.7	2	33.3	1	16.7	1	16.7	-	-	-	-
Borderline	1	16.7	3	50.0	1	16.7	3	50.0	2	33.3	2	33.3	1	16.7	-	-
Clinical	-	-	-	-	4	66.7	1	16.7	3	50.0	3	50.0	5	83.3	6	100
The School^e																
Normal	8	66.6	7	58.3	9	75.0	5	41.6	7	58.3	5	41.6	5	41.6	5	41.6
Borderline	1	8.3	3	25.0	1	8.3	2	16.7	2	16.7	4	33.3	2	16.7	1	8.3
Clinical	3	25.0	2	16.7	2	16.7	5	41.6	3	25.0	3	25.0	5	41.6	6	50.0
New St^f																
Normal	7	77.8	7	77.8	8	88.9	2	22.2	7	77.8	4	44.4	3	33.3	3	33.3
Borderline	-	-	2	22.2	1	11.1	4	44.4	-	-	2	33.3	-	-	-	-
Clinical	2	22.2	-	-	-	-	3	33.3	2	22.2	3	33.3	6	66.7	6	66.7
YEP^g																
Normal	10	83.3	11	91.7	12	100	5	41.7	9	75.0	5	41.7	4	33.3	3	25.0
Borderline	1	8.3	1	8.3	-	-	3	25.0	-	-	6	50.0	5	41.7	-	-
Clinical	1	8.3	-	-	-	-	4	33.3	3	25.0	1	8.3	3	25.9	9	75.0

Note. Syndrome scales normal < 65, Borderline 65-69, Clinical > 69

^a *N* = 96 ^b *N* = 34 ^c *N* = 31 ^d *N* = 6 ^e *N* = 12 ^f *N* = 9 ^g *N* = 12

4.14.3 Comorbidity of TRF syndrome scales.

Comorbidity refers to the coexistence of two or more distinct disorders or syndromes within the same individual. Although the broad-band externalising and internalising syndromes describe different type of problems, these two patterns often co-occur in many children (McConaughty & Skiba, 1993). For external referrals, Figure 4.1 presents a breakdown of the percentage of students that fell into one of four groups: those in the normal range for internalising or externalising difficulties, those in the borderline clinical range for either externalising and internalising problems, and those in the borderline to the clinical range for both internalizing and externalising problems. It was found that just over half the sample students (59%) scored in the borderline to clinical range ($T > 60$) for both externalising and internalising problems.

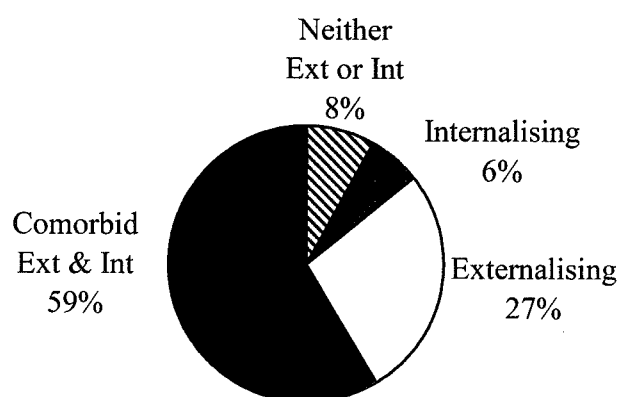


Figure 4.1

Pre-program Percentage of Students Categorised into Four Groups According to T-Scores >60 which is the Borderline –Clinical Range for the TRF Internalising and Externalising Scale

N= 96

Table 4.14 then outlines the comorbidity across the different TRF syndrome scales. Comorbidity was found between aggressive behaviour and rule-breaking behaviour (57%), social problems (49%), and attention difficulties (42%). Attention difficulties also co-occurred with rule-breaking behaviour for 42% of the sample. For 29% of the students, comorbidity was also found between anxiety/depression and rule-breaking behaviour and between withdrawn behaviour and rule-breaking behaviour (26%). This indicated that these students were presenting with both internalising and externalising difficulties.

Table 4.14

Pre-program Percentage of Students Presenting with Clinical Comorbidity in the TRF Syndrome Scales at Referral

	Percentage comorbid with:							
	Anx/ dep	With	Som	Soc	Tho	Att.	Rule .	Agg
Anx/ dep	-	17	5	25	19	19	29	25
With	14	-	5	23	13	17	26	21
Som	5	4	-	8	8	9	10	12
Social	25	23	8	-	25	33	42	49
Tho	19	13	8	25	-	24	27	27
Att	19	17	9	32	24	-	42	42
Rule	29	26	10	42	27	43	-	57
Agg	25	21	12	50	27	42	57	-

Note: All table entries are percentages. Clinical significance was defined as $T > 65$ which designates the borderline to clinical range. Anx/dep= Anxious/Depressed, With=Withdrawn, Som=Somatic, Tho= Thought, Att= Attention, Rule =Rule-breaking, Agg=Aggression
 $N = 96$

4.14.4 Comparison between the reports of students and referrers.

Fourteen YSR forms were reliably completed by young people attending YEP which comprised 46.4% of students that attended the program during the course of the study. There were a further five forms completed by YEP students and a small number from 'The School' and from Primary EMU but these were not included either because students did not complete all items, or they answered that they had no problems at all.

The YSR forms were completed by students at the time of commencing the YEP program and therefore could be compared with the ratings on the TRF at referral. There was a great deal of consistency in the way students and referrers viewed their difficulties. Aggression, rule-breaking behaviour and externalising difficulties were the major presenting concerns reported by both referrers and students (see Table 4.15).

Table 4.15

Comparisons between T-score Means, Standard Deviations and Minimum and Maximum Scores on the YSF and the TRF for Students Attending the YEP Program

	YSR				TRF			
	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
Anxious								
depressed	50	81	57.9	9.5	50	76	59.5	7.7
Withdrawn	50	74	58.7	7.1	50	65	57.8	4.6
Somatic	50	83	59.0	11.4	50	58	51.3	3.1
Social	50	95	60.0	12.4	50	77	65.9*	7.8
Thought	50	82	62.2	8.7	50	79	60.6	9.5
Attention	50	82	60.3	10.9	53	77	64.0	7.8
Rule-								
breaking	56	91	70.2**	9.7	60	88	69.0*	8.0
Aggression								
	50	93	69.1**	11.3	63	89	76.2**	9.4
Internalising	30	80	55.3	14.6	39	69	57.9	7.3
Externalising	51	87	69.9**	9.8	63	82	73.1**	6.7
Total	38	85	63.6**	12.0	57	76	68.6**	7.1

Note: YSR syndrome scales Normal <65, * Borderline 65-69, Clinical > 69, TRF syndrome scales Normal <67, * Borderline 67-70, ** Clinical >70 and broad band and total problems, YSR & TRF Internalising, externalising and total problems Borderline 60-63, ** Clinical >63
N=14

Table 4.16 reports on the numbers of students falling in the normal, borderline and clinical range for the syndrome sub-scales according the ratings made by students and referrers.

Table 4.16

Pre-program Percentage of Students in the Normal, Borderline and Clinical Range on the YSR and TRF for Students in the YEP Program

Scale	YSR			TRF		
	Range	n	%	Range	n	%
Anxious/ depressed	Normal	9	64.3	Normal	12	85.7
	Borderline	4	28.6	Borderline	1	7.1
	Clinical	1	7.1	Clinical	1	7.1
Withdrawn	Normal	11	78.6	Normal	12	85.7
	Borderline	2	14.3	Borderline	1	7.1
	Clinical	1	7.1	Clinical	-	-
Somatic	Normal	10	71.4	Normal	14	100
	Borderline	-	-	Borderline	-	-
	Clinical	4	28.6	Clinical	-	-
Social	Normal	11	78.6	Normal	5	35.7
	Borderline	-	-	Borderline	5	35.7
	Clinical	3	21.4	Clinical	4	28.5
Thought	Normal	10	71.4	Normal	10	71.4
	Borderline	2	14.3	Borderline	-	-
	Clinical	2	14.3	Clinical	4	28.5
Attention	Normal	10	71.4	Normal	5	35.7
	Borderline	2	14.3	Borderline	7	50.0
	Clinical	2	14.3	Clinical	2	14.2
Rule- breaking	Normal	4	28.6	Normal	5	35.7
	Borderline	3	21.4	Borderline	5	35.7
	Clinical	7	50.0	Clinical	4	28.5
Aggression	Normal	5	35.7	Normal	5	35.7
	Borderline	3	21.4	Borderline	-	-
	Clinical	6	42.9	Clinical	9	75.0

N=14

Five students reported having mental health symptoms in the borderline ($T=65-69$) to clinical range ($T>69$) on anxious/depressed sub-scale compared to two students identified by referrers. All referrers rated the students' somatic complaints in the normal range while four students reported that they experienced somatic complaints in the clinical range ($T>69$). Referrers on the other hand, rated the students' social problems more seriously than did the students themselves. Referrers identified nine students as having social problems in the borderline ($T=65-69$) to clinical range ($T>69$) compared to three students who rated themselves as having clinically significant difficulties ($T>69$).

4.14.5 Level of social-emotional development.

The SSA was found to have good reliability with a Cronbach's alpha value of .85 for the total score. The alpha values for the individual items in each sub-scale are provided in Appendix N.

Unfortunately there were no norms available for this scale. Therefore the results are limited to examining where the sub-scale and total scores fell within the range of possible scores. Referrers were asked to compare the student being assessed to other typical students of an equivalent age on a 5 point scale from 1 '*No at all like this student*' to 5 '*very much like this student*' with higher scores reflecting a higher level of social-emotional development. The sub-scales of academic confidence, organisation, persistence and emotional resilience contained 8 items, giving a minimum total score of 8 to a maximum score of 40. The 'getting along' sub-scale contained 7 items and scores could range from 7 to 35. The means and standard deviations for the SSA sub-scales and total score for students in each program are presented in Table 4.16 and those for the individual items are contained in Table 4.17.

Table 4.17

Pre-program Mean and Standard Deviations for the SSA Sub-scales and Total Score by Program Type

Sub-scale	Primary EMU ^a		Secondary EMU ^b		St Helens ^c		The School ^d		New St ^e		YEP ^f	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Academic confidence	21.3	8.3	22.8	6.1	18.2	6.0	19.7	7.8	17.6	5.6	20.9	6.2
Organisation	16.2	4.1	14.7	5.9	11.8	5.3	12.5	6.3	15.4	8.1	16.7	5.9
Persistence	13.3	3.8	15.3	4.1	13.1	5.9	13.6	4.1	15.7	5.1	15.8	6.4
Getting along	14.5	5.3	13.5	7.6	12.8	7.1	13.6	6.3	14.2	7.3	13.1	6.0
Emotional resilience	15.7	5.2	14.6	6.7	13.1	5.3	15.2	7.8	14.9	6.1	15.2	5.1
Total	78.5	25.8	84.6	25.0	69.2	23.1	76.8	21.1	83.5	25.6	82.9	27.1

^a N= 36, ^b N= 31, ^c N= 6, ^d N= 12, ^e N= 9, ^f N=12

Means for the sub-scale academic confidence ranged from 17.6 to 22.8 and were higher than those found for the other sub-scales of organisation, persistence and emotional resilience which ranged 13.1 to 15.8.

Table 4.18 shows that for all individual items except for item number 10, the mean fell under a score of three. Item 10 stated that *'believes s/he really should be able to do things perfectly and that it is terrible to make mistakes'* was the exception with a mean score of 3.6. This item was scored in reverse and perhaps students may have scored more highly on this item because the referrer believed that the student expected to make mistakes. This could either be interpreted as a strength and that the students understood that it is acceptable to make mistakes and not be perfect all the time, or could conversely indicate that they had a poor concept of self and often expected to make mistakes.

Table 4.18

Pre-program Means and Standard Deviations for Individual Items on the SSA Sub-scales at Referral

Sub-scale								
Academic Confidence			Organisation			Persistence		
<i>Item</i>	<i>M</i>	<i>SD</i>	<i>Item</i>	<i>M</i>	<i>SD</i>	<i>Item</i>	<i>M</i>	<i>SD</i>
1	2.3	1.2	3	1.7	.95	2	1.4	.95
4	2.6	1.4	9	1.4	.87	8	1.6	.99
7	2.0	1.1	15	1.5	.91	14	1.4	.79
10	3.6	1.5	19	2.5	1.4	21	1.5	.97
13	1.8	.96	22	1.6	.96	23	2.5	1.4
16	2.8	1.3	28	2.1	.99	27	1.6	.77
20	1.9	1.0	33	2.7	1.4	29	2.0	1.2
26	1.9	.99	36	2.5	1.4	32	1.7	.96
Sub-scale								
Getting Along			Emotional Resilience					
<i>Item</i>	<i>M</i>	<i>SD</i>	<i>Item</i>	<i>M</i>	<i>SD</i>			
5	2.1	1.0	6	2.0	1.0			
11	1.7	.96	12	2.5	1.2			
17	1.8	1.0	18	1.7	.94			
24	2.0	1.3	25	1.5	.97			
30	1.7	.95	31	1.8	1.0			
38	2.0	1.3	34	1.7	.97			
39	2.3	1.5	35	1.6	1.0			
			37	1.6	.98			

N = 96

Individual items obtaining a mean score three and under indicates that referrers tended to rate the attitudes and skills demonstrated by students as 'not like the student,' 'slightly like the student' or 'moderately like the student', (scores 1 to 3) rather than being 'like the student' or 'very much like the student' (scores 4 to 5). It is tentatively concluded that in general,

referrers regarded the level of social and emotional development demonstrated by students in the sample as poorer than they expected of other students of the same age.

4.14.6 Ability and achievement.

The WASI and three sub-tests of the WIAT-II were administered to 53 students and included 43 males (83%) and 10 females (19%). Students tested ranged from 6 to 15 years of age with a mean of 12.9 years (SD 1.8). The number and percentage of students tested on both measures within each program was Primary EMU (n=16, 35.5%), Secondary EMU (n = 8, 22.2%), St Helen's (n = 5, 41.6%), The School (n =8, 57.1%), YEP (n=9, 34.6%) and New St (n=7, 28%). Staff working in Primary EMU, St Helen's and 'The School' particularly requested that many of their students be assessed and consequently the sample represents a greater proportion of students attending these programs.

The scores obtained from administering the WASI are presented in Table 4.19. The mean *T*-scores for the WASI sub-tests fell below the norm of 50 and in general students performed more poorly on the verbal sub-tests. The full-scale mean *T*-scores for ability also fell below an expected mean of 100. However there was also a wide range found in the minimum and maximum scores (72-113). When the students' full-scale ability scores were classified according to range, it was found that 8 students (15%) scored in the Borderline range, 16 (30%) in the Low Average range, 27 (51%) in the Average range and 2 (4%) in the High Average range. Whilst these results can only be taken as estimates because of the measurement error inherent in test scores particularly when using an abbreviated form, in general the results suggest that whilst 50% of the sample scored in the average range, there was an over-representation of students scoring in the low average and borderline range given that in normed samples the proportion scoring in these ranges has been found to be 16% and 6% respectively (The Psychological Corporation, 1999).

Table 4.19

T-score Means, Standard Deviations and Range of Scores for the WASI Sub-tests, Verbal and Performance Sub-scales and the Full Scale

	<i>M</i>	<i>SD</i>	<i>Range</i>
Sub-test			<i>Min-Max</i>
Vocabulary	41.9	9.9	20-63
Similarities	44.1	8.7	30-64
Block design	47.9	8.5	29-64
Matrix Reasoning	46.0	1.4	20-63
Scale			
Verbal	86.8	15.8	58-117
Performance	94.0	15.3	59-118
Full	180.9	25.6	129-230
	<i>M</i>	<i>SD</i>	<i>Range</i>
Sub-scale			<i>Min-Max</i>
Verbal	90.6	11.5	71-113
Performance	95.3	11.5	70-115
Full Scale	91.9	10.6	72-113

N=53

The results for the three sub-tests of the WIAT-II are presented in Table 4.20. Mean standard scores fell well below the expected norm of 100, but diversity was apparent in range of scores achieved. This is more clearly indicated by percentile rank of scores that ranged from <1 to 91. It is noted that none of these students scored above the 58th percentile for numerical operations suggesting that this is an area of particular weakness for majority of students in the sample.

Table 4.20

Standard Score Means, Standard Deviations, Range in Scores and the Percentile Rank for the WIAT-II Sub-tests of Word Reading, Numerical Operations and Spelling

Sub Test	<i>M</i>	<i>SD</i>	<i>Range</i> <i>Min-Max</i>
Standard score			
Word reading	81.1	19.0	44-120
Numerical operations	72.6	13.6	47-103
Spelling	81.0	16.9	48-113
Percentile rank			
Word reading	23.4	25.9	<1-91
Numerical operations	9.5	13.5	<1-58
Spelling	18.1	19.7	<1-81

N = 53

There is debate in the literature about the use of discrepancy scores between full-scale ability scores and the standard scores from achievement tests (Siegel, 1989, Stanovich, 1994), particularly with respect to assessing children who are of average ability but whose achievement in one or more areas is not commensurate with their level of ability. Prior, Smart, Sanson, & Oberklaid (1999) recommend that a conservative measure be used to determine whether or not a discrepancy between scores is significant. They suggest selecting students whose ability score is equal to 80 or above and the achievement score is at, or below the 30th percentile. In examining differences between ability and achievement the study adopted this formula that is, that literacy or numeracy scores below the 30th percentile in students with ability scoring in the normal-range would be indicative of a significant deficit between ability and achievement. The term indicative is used as the measures on which the findings are based are designed for screening and research purposes and do not replace comprehensive diagnostic testing.

Excluding the 8 students whose full-scale ability score was below 80, the results of the number of students scoring under and over the 30th percentile is contained in Table 4.21. The results present a grave picture, with a total of 68.9% of students were performing under the 30th percentile for word reading, 86.7% for numerical operations and 72% for spelling.

Table 4.21

Number and Percentage of Students of Average Ability Scoring Under and Over the 30th Percentile on the WIAT-II Sub-tests of Word Reading, Numerical Operations and Spelling

Percentile range	Word reading		Numerical Operations		Spelling	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<1-10	13	28.9	31	68.9	19	42.2
11-20	10	22.2	6	13.3	10	22.2
29-30	8	17.8	2	4.5	3	6.6
Total under 30	31	68.9	39	86.7	32	72.0
31-49	4	8.9	2	4.4	6	13.3
50 and over	10	22.2	4	8.9	9	20.0
Total over 30	14	31.1	6	13.3	15	33.3

N = 45

4.15 Summary.

A summary of the themes from the qualitative data concerning the needs and characteristics of students is provided in Table 4.22. In general they complemented the findings of the quantitative data on the needs and characteristics of students presented in this chapter and which are summarised following Table 4.22.

Table 4.22

Themes from the Qualitative Data Concerning the Needs and Characteristics of Students

Dimension One Needs and Characteristics of Students from the Staff Perspective	
Cognitive	Developmental
<ul style="list-style-type: none"> ▪ In general a low level of ability relative to peer norms ▪ Significant low level of achievement particularly in literacy and numeracy 	<ul style="list-style-type: none"> ▪ Emotional and developmental immaturity ▪ Increasing incidence of diagnosed disabilities such as ADHD and Aspergers
Affective and Motivational	Environmental
<ul style="list-style-type: none"> ▪ Lack of trust in adults, particularly authority figures ▪ Low self-esteem and anxiety ▪ Poor tolerance of limits, aggression and rule-breaking behaviour ▪ Poor social and interpersonal skills ▪ General work avoidance ▪ General disorganisation ▪ Low frustration tolerance ▪ Pessimism and a lack direction and vision for the future 	<p>Family</p> <ul style="list-style-type: none"> ▪ Family poverty, low socioeconomic status and low level of education in comparison to the general population ▪ High incidence of single parents and family separation and re-partnering ▪ Missed developmental and recreational opportunities ▪ Conflict within the family ▪ High level of involvement with outside agencies e.g. family and youth support <p>Individual</p> <ul style="list-style-type: none"> ▪ Personal trauma ▪ Isolation from peers/ or association with negative peer groups ▪ High-risk lifestyle

Dimension Two
Educational experiences prior to St Augustine's

Staff perspective	Parent perspective
<ul style="list-style-type: none"> ▪ Negative experiences with teachers ▪ Inconsistent behaviour management ▪ Large class size and student numbers ▪ Reactive discipline ▪ Victim of bullying ▪ Isolated from peers ▪ Focus on academic learning and students unable to keep up ▪ Impairments not assessed ▪ Unable to accommodate developmental disabilities and needs ▪ Varying periods of time out of school 	<p>Agreed with many of the staff themes and added the following issues:</p> <ul style="list-style-type: none"> ▪ Difficulties often apparent early in kindergarten or primary school ▪ Experienced difficulties in the transition to from primary to secondary school ▪ Parents' views not heard especially in relation to apparent problems not being assessed and ways to manage behaviour ▪ Student 'victimised' by school ▪ Student being kept occupied at school but not being educated ▪ Frequently being sent home, part-time attendance and voluntary exclusion

Student Perspective

- Relationship problems with teachers but often positive regard towards an individual teacher, teacher's aide or school counsellor
 - 'Getting into trouble' and having a bad reputation
 - Difficulties in controlling their behaviour (i.e. easy to wind up, susceptible to peer criticism or antagonistic towards peers)
 - Not feeling listened to and a sense of injustice of being treated unequally or their 'side of the story' not being heard
 - Feeling different to their peers/ or getting into a 'bad' peer group
 - Boring and irrelevant curriculum or work being 'too hard'
 - Mixed feelings about exclusion from relief to feeling let down, to indifference.
-

The demographic characteristics of the students' referred indicated they are more likely than other students in the general population to be living in a lone parent household with a parent that has a low level of education and if working, is in an unskilled occupation. These factors combine to indicate that in general, students come from a disadvantaged socioeconomic background. The impact of poverty on the student population that most concerned staff was that many students had missed out on developmental opportunities, lacked appropriate role models and were often socially excluded at school and from their peers. However, the sample also did include intact families, employed parents and those in professional occupations and in these circumstances family separation or poverty did not appear to be a feature in the students' background. Staff reported that these families were experiencing crisis in managing their son or daughter, or were families where their son or daughter had a severe developmental disability.

Students referred to St Augustine's were predominantly drawn from the public education sector. A variety of professionals made referrals with less than a third coming from student welfare personnel, raising questions about the extent to which school support staff had been involved in assessing student needs or in providing school-based interventions prior to referral. Over one third of students were not attending school at the time of referral and the majority of these students were refusing to attend rather than having been formally excluded. This raises issues of the extent to which attempts had been made to reconnect these students to school.

Parents reported that the student's difficulties were often apparent in kindergarten or early primary school and became more acute over time. They had often asked for help but were frustrated that their views were not heard. For others, the transition to Secondary School was experienced as stressful and conflict between teachers and other students escalated. Students reported that they often earned a bad reputation, were singled out and when getting into trouble their side of the story was not heard. One student in the interview group was expelled after a series of suspensions, and in three cases the parents withdrew their son or daughter from school. For the majority of students interviewed school became a place to be avoided and their attendance deteriorated over time. They also reported that school was boring, they found the work too hard or that they were getting too behind in their schoolwork.

The main reasons for making the referral were the students' disruptive, non-compliant behaviour, poor social skills or their violence or aggression towards others. Students and parents described the difficulties the students had in controlling their anger, either in response to being teased or being told what to do. Over half the students referred had been suspended at least once because of their behaviour. The majority of parents were critical of the practice of suspension and believed that sending their son or daughter home only compounded their difficulties. Most parents reported that being frequently called to the school was humiliating and stressful and that they felt excluded from having a say on alternative strategies for managing their son's or daughter's behaviour.

Just over half the sample presented with a diverse range of developmental or mental health conditions although students diagnosed with Attention Deficit and Hyperactivity Disorder were in the majority. In addressing these concerns, referrers expected that a placement at St Augustine's would assist the students to develop social skills in relating to others and to manage their feelings, particularly their anger, by providing an activity-based program in a small group setting that offered the opportunity for individualised assistance.

Students referred to St Augustine's presented with a high level of psychopathology in both their level of adaptive functioning and the incidence of mental health problems. This was regardless of the program they attended and indicated that the early intervention programs delivered by Primary and Secondary EMU are also being referred students whose difficulties are clinically significant. The St Helen's program however, was found to be working with the most disturbed group of students, and these students scored in clinical range in five of the eight sub-scales.

Rule-breaking behaviour, aggressive behaviour and social problems predominated and this was consistent with the reasons referrers requested a placement at St Augustine's and the experiences of the students themselves. Internalising difficulties were also found to feature and, for approximately one in five students of the sample, rule-breaking and aggressive behaviour was accompanied by symptoms of anxiety/depression and withdrawn behaviour. In the absence of norms it was difficult to assess the students' level of social-emotional development however, an examination of the sub-scale and individual item scores indicated that referrers rated the students' competencies as moderately like or less typical than other

students of the same age.

The results of the WASI indicate that whilst half the sample was of average ability, the other students in the sample demonstrated a low average or borderline level of functioning. The referral data indicated that the students' academic functioning in 40% of cases was consistent with that expected for their age. However, when achievement was assessed using the WIAT-II a different picture emerged. The results of this assessment indicated that the overwhelming majority of students were achieving well below that expected for both their age and ability in numeracy and literacy and this was validated in the interviews with staff.

Chapter Five

Student Change and Post-program Destinations

5.1 The Impact of program intervention.

The impact analysis from the quantitative data involved three components: assessing whether or not there were changes in the students' adaptive functioning, social and emotional development and mental health symptoms over time; identifying the outcome destinations of students exiting St Augustine's, and testing if the outcome destination groups could be predicted by any of the variables that theoretically should differentiate between group membership.

5.1.1 Change in adaptive functioning.

The *T*-score means and standard deviations for the TRF adaptive functioning sub-scales and the total competence scores for the referral to in program group, in program to post-program and the referral to post-program group are presented in Table 5.1.

Table 5.1

T-score Means and Standard Deviations of the TRF Adaptive Functioning Sub-scales and Total Competence between Referral and In program, In program and Post-Program, and Referral and Post-program Groups

Sub-scale	<i>n</i>	Time	<i>M</i>	<i>SD</i>	Time	<i>M</i>	<i>SD</i>
Academic	23	Referral	39.4	5.2	In program	36.9	3.3
	15	In program	36.3	5.0	Post program	37.6	4.4
	39	Referral	36.7	3.6	Post-Program	35.4	5.1
Working	23	Referral	38.6	4.3	In program	38.5	5.3
	15	In program	36.3	2.7	Post program	37.9	3.6
	39	Referral	37.2	3.9	Post-Program	36.8	4.8
Behaving	23	Referral	36.8	2.8	In program	36.4	2.0
	15	In program	35.7	4.4	Post program	37.4	3.2
	39	Referral	36.3	4.2	Post-Program	37.8	4.0
Learning	23	Referral	37.4	3.8	In program	36.1	3.4
	15	In program	36.4	4.9	Post program	35.6	3.2
	39	Referral	38.2	2.7	Post-Program	31.8	3.3
Happy	23	Referral	36.1	3.8	In program	38.3	5.0
	15	In program	36.5	5.0	Post program	38.8	5.6
	39	Referral	37.4	3.9	Post-Program	36.9	4.3
Total	23	Referral	36.3	2.7	In program	36.9	2.8
	15	In program	35.6	4.5	Post program	36.9	5.0
	39	Referral	36.2	6.4	Post-Program	36.6	5.6

The students' mean *T*-scores for total competence remained in the clinical range ($T < 37$) in the in program to post-program and referral to post-program groups indicating that the students were performing well below that expected of their peers despite program intervention. It is noted that despite using three separate samples of students there was not a great deal of variation between the scores of the different groups.

To measure any effect of program on adaptive functioning, three separate ANOVAs were conducted between referral and in program ($n=23$), in program and post-program ($n=15$) and referral and post-program group ($n=39$) for each adaptive functioning sub-scale and the total competence score. Table 5.2 presents the results of these analyses. There were no significant changes found between referral and in program scores in adaptive functioning. This suggests that the staff at St Augustine's did not rate the students differently from the referrer and that the students' presentation did not change significantly between the time of being referred and placed in program.

To support the hypothesis that there would be a demonstrable improvement in the students' adaptive functioning as a result of program intervention, a significant change in scores should have been found between staff ratings of students in program and those made post-program. However, no difference was found between these two time periods. It is noted that the same staff completed the forms for the students in program and post-program, so that the lack of positive change is not due to the different opinions of different staff completing the forms. The data was primarily derived from students attending the EMU programs. In these programs the data on students post-program was completed after four to six months intervention. It is possible that the length of program intervention was not sufficient for measurable improvements in adaptive functioning to take place, particularly given the baseline Total Competence scores for students referred was in the clinical range ($T < 37$).

Table 5.2

Results from Three Separate ANOVAs Investigating the Effects of Intervention on TRF Adaptive Functioning Sub-scale Scores and Total Competence Score Over Time (Referral to In program, In program to Post-program and Referral to Post-program)

Sub-scale	Referral to In program			In program to Post-program			Referral to Post-program		
	<i>df</i>	<i>F</i>	<i>p</i>	<i>df</i>	<i>F</i>	<i>p</i>	<i>df</i>	<i>F</i>	<i>p</i>
Academic									
Time	1	1.4	.243	1	2.1	.168	1	2.532	.120
Error	22			14			38		
Working hard									
Time	1	1.0	.628	1	.014	9.09	1	3.638	.064
Error	22			14			38		
Behaving									
Time	1	.386	.541	1	2.442	.142	1	0.385	.539
Error	22			14			38		
Learning									
Time	1	.156	.697	1	.843	.374	1	6.265	.017
Error	22			14			38		
Happy									
Time	1	1.00	.328	1	.013	.911	1	0.004	.948
Error	22			14			38		
Total score									
Time	1	.160	.693	1	.544	.478	1	3.651	.064
Error	22			14			38		

There was one significant finding which showed that *'how much the student was learning'* decreased rather than increased from referral to post-program intervention ($p < .05$). Staff in the EMU programs rated the students in the context of their functioning at mainstream school rather than during their participation in the EMU program and at times, staff commented on the TRF form that the student was learning or behaving much less than other students at

mainstream school but that this was not case at EMU. Students are referred to EMU during a time of crisis in their life at school and for many students particularly in the Secondary EMU program 'as a last chance' before expulsion. A possible explanation for the decrease in the learning sub-scale is that other issues in their life may still have been in turmoil and taken priority over applying themselves in the mainstream school environment. However it is noted that the other areas of adaptive functioning were not found to deteriorate over time as would be expected to do so if the above explanation were true.

5.1.2 Change in social-emotional development.

The means and standard deviations for the SSA sub-scales and the total score for the students in referral, in program and post-program samples are found in Table 5.3.

Table 5.3

T-score Means and Standard Deviations of the SSA Sub-scales and Total Score between Referral and In program, In program and Post-program, and Referral and Post-program Groups

Sub-scale	<i>n</i>	Time	<i>M</i>	<i>SD</i>	Time	<i>M</i>	<i>SD</i>
Academic confidence	34	Referral	20.7	5.6	In program	22.4	5.4
	14	In program	22.4	6.4	Post program	24.7	5.3
	32	Referral	20.6	7.1	Post-Program	24.7	6.0
Organisation	34	Referral	15.9	5.5	In program	18.2	6.0
	14	In program	19.1	7.6	Post program	20.7	5.3
	32	Referral	15.7	5.0	Post-Program	19.3	4.7
Persistence	34	Referral	14.2	4.8	In program	16.8	5.8
	14	In program	17.6	5.4	Post program	19.5	7.6
	32	Referral	13.3	4.8	Post-Program	17.9	5.7
Getting along	34	Referral	14.1	5.3	In program	17.5	5.2
	14	In program	18.1	6.4	Post program	21.0	6.3
	32	Referral	13.5	4.8	Post-Program	20.4	6.3
Emotional resilience	34	Referral	14.2	4.9	In program	16.8	5.9
	14	In program	18.5	6.0	Post program	20.2	6.1
	32	Referral	14.7	5.2	Post-Program	19.6	5.8
Total Score	34	Referral	78.8	14.0	In program	89.5	21.0
	14	In program	100.1	23.7	Post program	114.4	21.0
	32	Referral	75.5	24.3	Post-Program	101.5	24.5

The mean scores for each scale increased over time between in program and post-program and between referral and post-program. The total mean score was found to increase by 39 from referral to post-program.

To measure any effect of program on social-emotional development, three separate ANOVAs were conducted between referral and in program ($n=34$), in program and post-program ($n=14$) and referral and post-program group ($n=32$) for each SSA sub-scale and the total score. The results of the three separate ANOVAs are presented in Table 5.4

Except for academic confidence and emotional resilience, staff at St Augustine's were significantly more likely to rate the same students as having a higher level of competency in the areas of persistence and getting along with others ($p < .01$) and in organisation and their total score ($p < .05$) than did referrers. Perhaps the smaller staff to student ratio provided at St Augustine's compared to mainstream school facilitated staff viewing the students more positively with respect to these competencies.

To support the hypothesis that there would be a demonstrable improvement in the students' social-emotional development as a result of program intervention, a significant change in scores should have been found between staff ratings of students in program to post-program and from referral to post-program. However, there were no significant differences found between the staff ratings of the students while they were in program and post-program except for the total score which was significant at $p < .01$. This indicates that while there were no significant improvements within the individual competencies measured by the sub-scales, incremental change in the students' total score did reach significance as a consequence of program intervention. Given the data is primarily derived from students attending the two EMU programs, the length of intervention may have been sufficiently long to significantly impact on the competencies measured by the SSA sub-scales. It is also noted that the sample size for measuring change between scores in program and post-program was small ($n=14$).

Table 5.4

Results of three separate ANOVAs Investigating Change in SSA Sub-scale Scores and Total Score Over Time (Referral to In-program, In program to Post-program and Referral to Post-program)

		Referral to			In program to			Referral to	
		In program			Post-program			Post-program	
Sub-scale	<i>df</i>	<i>F</i>	<i>p</i>	<i>df</i>	<i>F</i>	<i>p</i>	<i>df</i>	<i>F</i>	<i>p</i>
Academic confidence									
Time	1	3.551	.068	1	.821	.381	1	6.891	.013
Error	33			13			31		
Organisation									
Time	1	7.465	.01	1	.547	.473	1	9.791	.004
Error	33			13			31		
Persistence									
Time	1	10.861	.002	1	.489	.497	1	11.719	.002
Error	33			13			31		
Getting along									
Time	1	13.422	.001	1	.863	.370	1	17.777	.000
Error	33			13			31		
Emotional resilience									
Time	1	3.164	.085	1	2.971	.101	1	12.207	.002
Error	33			13			31		
Total score									
Time	1	5.742	.023	1	10.126	.005	1	18.844	.000
Error	33			13			31		

However, examination of Table 5.4 above shows that significant changes occurred between referral and post-program on each of the SSA sub-scales at the $p < .01$ level except for academic confidence which was significant at $p < .05$. This indicates that following program intervention the students' social-emotional development had increased significantly when compared to the scores they received at referral.

5.1.3 Change in mental health symptoms.

Mean T -scores and standard deviations for TRF syndrome sub-scales and total problems are provided at each time period for the referral to in program, in program to post-program and referral to post-program groups in Table 5.5.

The mean T -scores between at each time period fell in the clinical (disorder) range for externalising difficulties and total problems ($T > 63$) and aggressive behaviour and rule-breaking behaviour also remained in the clinical range post-program ($T > 69$). The mean T -scores for anxious/depressed behaviour increased from the normal range ($T < 65$) at referral to the borderline range in program ($T = 65-69$) whilst attention difficulties and social problems remained in the borderline range ($T = 65-69$) from referral to post-program.

Table 5.5

T-score Means and Standard Deviations of the TRF Syndrome Sub-scales and Total Problems between Referral and In program, In program and Post-Program, and Referral and Post-program Groups.

Sub-scale	<i>n</i>	Time	<i>M</i>	<i>SD</i>	Time	<i>M</i>	<i>SD</i>
Anxious	31	Referral	59.6	7.7	In program	63.2	7.6
	16	In program	61.1	8.6	Post program	61.0	6.9
	39	Referral	60.9	7.8	Post-Program	63.6	8.2
Withdrawn	31	Referral	60.4	6.3	In program	60.3	6.9
	16	In program	58.8	5.8	Post program	59.4	5.5
	39	Referral	62.9	9.0	Post-Program	61.3	6.3
Somatic	31	Referral	54.5	6.0	In program	54.7	7.0
	16	In program	51.2	3.4	Post program	56.0	6.0
	39	Referral	55.3	7.9	Post-Program	56.2	8.1
Social	31	Referral	64.3	6.4	In program	65.3	6.6
	16	In program	64.8	8.2	Post program	63.9	7.5
	39	Referral	66.3	7.4	Post-Program	66.4	8.2
Thought	31	Referral	59.7	10.5	In program	59.7	9.0
	16	In program	60.5	9.8	Post program	60.2	10.4
	39	Referral	60.0	10.1	Post-Program	61.8	9.1
Attention	31	Referral	64.0	7.0	In program	64.2	8.2
	16	In program	64.3	10.9	Post program	65.0	12.1
	39	Referral	63.7	8.4	Post-Program	68.1	11.1
Rule Breaking	31	Referral	67.7	8.3	In program	69.5	11.5
	16	In program	64.0	9.1	Post program	68.5	14.4
	39	Referral	68.8	10.2	Post-Program	72.6	11.5
Aggression	31	Referral	67.7	10.0	In program	70.8	12.2
	16	In program	69.2	13.8	Post program	71.2	14.2
	39	Referral	69.9	9.7	Post-Program	74.3	13.7
Internalising	31	Referral	60.1	7.4	In program	61.8	8.7
	16	In program	59.6	7.8	Post program	61.0	6.2
	39	Referral	62.2	8.6	Post-Program	63.5	7.5
Externalising	31	Referral	67.7	8.7	In program	70.0	10.5
	16	In program	66.6	11.5	Post program	69.1	13.1
	39	Referral	69.6	8.2	Post-Program	72.8	10.0
Total problems	31	Referral	66.8	7.2	In program	68.5	8.0
	16	In program	66.2	8.7	Post program	66.7	10.9
	39	Referral	68.0	8.0	Post-Program	70.5	9.7

To measure any effect of program on mental health symptoms, three separate ANOVAs were conducted between referral and in program ($n=31$), in program and post-program ($n=16$) and referral and post-program ($n=39$) for each TRF sub-scale and the total score. The results of the ANOVAs between each time period are presented in Table 5.6.

Table 5.6

Results of the ANOVA Investigating Change in TRF Sub-scale T-scores and Total Score Over Time (Referral to In-program, In program to Post-program and Referral to Post-program)

Sub-scale	Referral to In program			In program to Post-program			Referral to Post-program		
	<i>df</i>	<i>F</i>	<i>p</i>	<i>df</i>	<i>F</i>	<i>p</i>	<i>df</i>	<i>F</i>	<i>p</i>
Anxious/depressed									
Time	1	5.461	.026	1	.001	.979	1	1.515	.226
Error	30			15			38		
Withdrawn									
Time	1	.007	.936	1	.089	.770	1	1.790	.189
Error	30			15			38		
Somatic complaints									
Time	1	.014	.906	1	6.916	.019	1	.092	.763
Error	30			15			38		
Social problems									
Time	1	.373	.546	1	.069	.796	1	.025	.876
Error	30			15			38		
Thought problems									
Time	1	.000	1.00	1	.005	.942	1	.491	.488
Error	30			15			38		
Attention problems									
Time	1	.004	.952	1	.022	.883	1	2.718	.107
Error	30			15			38		
Rule-breaking									
Time	1	.651	.426	1	1.558	.231	1	1.683	.202
Error	30			15			38		
Aggression									
Time	1	.915	.346	1	.218	.647	1	1.910	.175
Error	30			15			38		
Internalising									
Time	1	.924	.344	1	.422	.526	1	.241	.626
Error	30			15			38		

Externalising									
Time	1	.684	.415	1	.448	.514	1	1.692	.201
Error	30			15			38		
Total problems									
Time	1	.733	.399	1	.030	.866	1	1.008	.322
Error	30			15			38		

There were two significant findings. First, there was a significant increase in mean T-scores found for anxious/depressed behaviour ($p < .05$) between referral and in program. This indicates that staff at St Augustine's were more likely to identify symptoms of anxious/depressed behaviour in the students than were the referrers or that the students' symptoms actually got worse once they were attending program. Anxious/depressed symptoms were not found to increase significantly between referral and post-program indicating that the former explanation is more likely to be true. Second, there was an increase in somatic complaints between students being in program to post-program although it is noted that the mean T-scores remained in the normal range over time. These results suggest that overall, the staff at St Augustine's did not rate the students differently from referrers and that the students' level of psychopathology did not change significantly between the time of being referred, being placed in program and post-program.

5.2 Issues with sample size and power.

The results reported above concerning the impact of intervention need to be treated with extreme caution due to issues of sample size and statistical power. It was planned that the majority of students attending St Augustine's would have the TRF and SSA measures completed over time, with the target sample size being 100 students. At referral, measures were completed for a total of 96 external and 22 internal referrals but once in program and at the post-program data collection periods the percentage of completed forms was small. As a small sample size reduces statistical power, it is difficult to equivocally reject the null hypotheses or have sufficient statistical power to reach significance in order to accept the experimental hypothesis. Lack of power is a common research problem when investigating interventions with clinical or field based populations (Crisp, 2002).

Cohen's tables were used to determine the sample size needed to detect the moderately small size effect (.03) common to most psychological intervention, with 80% confidence (Cohen, 1998). These tables revealed that a sample size of 131 would have been required to confidently accept the null hypothesis. Therefore only very tentative support is provided for the results of the quantitative analysis given the small sample sizes used.

5.3 Outcome destinations and case scenarios.

The outcomes for the 158 students in the sample are presented in Table 5.7. A total of 89 students (56.3%) experienced a positive outcome immediately post-program and these students were maintained in, or transitioned back to mainstream school ($n = 71$) or commenced vocational education and training or employment ($n = 18$). Negative outcomes were experienced by 35 students (22.1%) either because they were excluded ($n = 3$), not engaged ($n = 15$) or withdrew from the program ($n = 17$). The third possibility was a group of students that either remained in their originating program or was referred onto another program. Immediately post-program, there were 25 students (15.8%) who were referred onto another program. There were also nine students (5.7%) who remained in their original program post-program, comprised of six students attending the St Helen's program and three students attending 'The School'.

Table 5.7

Outcome Destinations for Each Program Cohort Post-program and at Three to Six Months and after 6 Months Follow-up

Program type Time	Positive			Further Program Intervention			Negative			
	Return to or maintained in school	Vocational Education	Employed or traineeship	Referred to another program	Stayed in program	Excluded from program	Not engaged	Withdrawn from program	Not known	No day program
PEMU n = 45										
Post-program	39 (86.6)	-	-	4 (8.8)	-	1 (2.2)	-	1 (2.2)	-	-
Follow-up 3-6	40 (88.8)	-	-	3 (6.6)	-	-	-	-	2 (4.4)	-
Follow-up>6	29 (64.4)	-	-	5 (11.1)	2 (4.4)	-	-	-	9 (20.0)	-
SEMU n = 36										
Post-program	24 (66.6)	-	-	5 (13.8)	-	-	2 (5.5)	5 (13.8)	-	-
Follow-up 3-6	16 (44.4)	1 (2.7)	-	10 (27.7)	2 (5.5)	-	1 (2.7)	-	5 (13.8)	1 (2.7)
Follow-up>6	14 (38.8)	1 (2.7)	2 (5.5)	-	8 (22.2)	-	1 (2.7)	2 (5.5)	4 (11.1)	4 (11.1)
St Helen's n = 12										
Post-program	2 (16.6)	-	-	3 (25.0)	6 (50.0)	1 (8.3)	-	-	-	-
Follow-up 3-6	1 (8.3)	-	-	-	10 (83.3)	-	-	-	1 (8.3)	-
Follow-up>6	1 (8.3)	-	-	1 (8.3)	9 (75.0)	-	-	-	1 (8.3)	-
The School n = 14										
Post-program	1 (7.1)	-	-	7 (50.0)	3 (21.4)	-	1 (7.1)	2 (14.2)	-	-
Follow-up 3-6	1 (7.1)	2 (14.2)	2 (14.2)	2 (14.2)	6 (42.8)	-	1 (7.1)	-	-	-
Follow-up>6	1 (7.1)	2 (14.2)	2 (14.2)	1 (7.1)	5 (35.7)	-	1 (7.1)	1 (7.1)	-	1 (7.1)
New St n = 25										
Post-program	1 (4.0)	7 (28.0)	3 (12.0)	3 (12.0)	-	1 (4.0)	4 (16.0)	6 (24.0)	-	-
Follow-up 3-6	-	5 (20.0)	2 (8.0)	1 (4.0)	1 (4.0)	-	1 (4.0)	-	8 (32.0)	7 (28.0)
Follow-up>6	1 (4.0)	6 (24.0)	5 (20.0)	1 (4.0)	1 (4.0)	-	-	-	6 (24.0)	5 (20.0)
YEP n = 26										
Post-program	4 (15.3)	6 (23.0)	2 (7.6)	3 (11.5)	-	-	8 (30.7)	3 (11.5)	-	-
Follow-up 3-6	3 (11.5)	2 (7.6)	2 (7.6)	2 (7.6)	3 (11.5)	-	-	1 (3.8)	5 (19.2)	8 (30.7)
Follow-up>6	3 (11.5)	5 (19.2)	3 (11.5)	3 (11.5)	2 (7.6)	-	-	-	7 (26.9)	3 (11.5)

Note: The numbers of student are on the left and percentages are bracketed.

Using data obtained from parents and students who participated in the interview group, case scenarios are provided to illustrate pathways to and from St Augustine's for students who experienced positive and negative outcomes and for those who remained in program or were re-referred. These examples include the reasons for referral and the outcomes sought by the referrer to provide additional information about the needs of individual students and the qualitative feedback provided by parents and students about what they thought about service provision and the impact of intervention.

5.3.1 Positive outcome destinations.

The stated aim of intervention for all St Augustine's programs is to move students back to mainstream or into vocational education, training or employment. Therefore with only just over half making this transition immediately post-program, the numbers in the positive outcome group appear lower than expected. However, there was a great deal of variation between individual programs. The two EMU programs work with students that are currently attending school and intervene by providing their students one day off-site and outreach support in their school. The majority of these students were maintained in mainstream school post-program. The Primary EMU program was successful in maintaining 86.6% of the students they worked with in mainstream school and the Secondary EMU program was successful with 66.6% of their students. Case scenarios of positive outcomes for one student, 'Hayley' who attended Primary EMU and another, 'Gary' who attended Secondary EMU are described below. Hayley's case illustrates the important themes of starting the school week with a positive experience of school, receiving individual attention in doing her schoolwork and being in a small group where she learnt new social skills by participating in enjoyable activities. Having someone to talk to, feeling understood, making new friends and being followed-up at school were also elements that were valued by Hayley and her mother. Gary's case also illustrates the importance of providing personal support to a sole father who was struggling with becoming a parent again after a long absence.

Hayley.

The Assistant Principal referred Hayley aged 10 to Primary EMU when she was in Grade 5. The reason for the referral was as follows: *"academically she is well below her classmates but what is of more concern is that Hayley is a student that presents with a range of social/emotional behaviours that place her and others at risk. She feels victimised and picked on and possesses limited coping*

skills to deal with them. She has difficulty making and maintaining any lasting friendships and they often descended into conflict. She has low frustration tolerance and similarly low problem solving skills. She often steals and lies and is in denial that she is part of any problems, often blaming the teachers and peers for difficulties that occur. She can be physical with other children and belligerent when in the 'mood'. Hayley is currently on medication for ADHD."

The Assistant Principal hoped that *"EMU can provide her with increased social interaction in a small group. She is a keen student that likes to be involved, but copes poorly when presented with social challenges. She needs to be placed in various contexts where teamwork and cooperation skills are needed. She needs to develop an understanding of others' needs and how she should react when problems occur."* He reported that in Grade 4 she had *"produced a knife and another student was threatened. As a consequence she was suspended for 10 days and referred to Child and Adolescent Mental Health Service for counselling."*

Hayley's mother reported that she had raised *"her to be a strong, spirited child that can look after herself because as a young child she was sexually abused and as a result she can hit out when she feels she is threatened."* Hayley said that she came to EMU because she *"gets into fights with other students when they try and take my things."* Hayley participated in the EMU program for two terms and her mother reported that *"she enjoyed every minute and she really responded well to being in small group that did a lot of fun activities. Like she came home and was always excited when she'd done something, like if she'd done boogie boarding or surfing at the beach or something. She loved that side of it."* With respect to Hayley's academic work, her mother said that, *"she has come on in leaps and bounds regarding her reading and other things. Even at school they've picked up that she's up there again, she's coming up and that's good. So it also helped by her being able to take her school work to class and she got extra help there too."* She added that, *"having that day away from school, especially the Monday meant that the week got off to a good start. Like she was always in a good mood and excited about going. She would have her bag packed and wanted to be out the door. It gave her enjoyment in learning really, I think because she experienced having fun at school."* Hayley said that she *"loved EMU cause you make new friends and it helps people help you*

compared to last term, this is the best school. Ah, and you can talk to people. Yeah, people understand you and people like talk to you at EMU and they're your friend." She also added that, *"I don't feel as angry now, like you if someone wants to pick on me or whatever just to say 'no' or something. No I am supposed to walk away that's what I am trying to do now."* When asked whether or not she was getting into any trouble at school, Hayley replied that, *"I don't like getting into trouble, the teachers here have told me that it is wrong to hurt other kids. I think I used to be real mean bitch you know."* At the two follow-up periods her mother reported that Hayley was getting into less trouble at school and had made the transition to Grade 6. Hayley reported that, *"I like it when (name of EMU staff member) comes to my school and sees me. We have lunch together and she talks to me about how things are. I think she is happy to see me."* (From interviews with student ID 24.1 and her mother ID 24.2)

Gary.

The school counsellor referred Gary aged 15 to Secondary EMU when he was in Year 8. She stated that *"he lacked enthusiasm and motivation to attend school and hoped that the program may help to encourage positive attitudes, willingness to attend and enjoy school and to assist him in setting goals."* She noted that he had been suspended within the first few weeks of school for fighting.

His father reported that Gary had recently moved interstate to live with him, as his mother was unable to manage his behaviour. He said that: *"it's five years since I have been a parent and I am trying to do my best but it is hard. I was a bit of a rough diamond when I was a kid too, got into drugs, bad stuff heroin you know. Problem is that we are having problems getting on and I am furious when he doesn't go to school. He just can't cope with authority and is so angry at his mother for kicking him out, I think he is depressed actually."* Gary said *"that I don't like school, some of the teachers stink... and I just want to go home.... I miss my friends and the kids here are nerds."* He also believed that *"I was told to come here (i.e. EMU) because they (the teachers) didn't want me at the school, they told me that."* Gary spent two terms with Secondary EMU and his father reported that the experience, *"has turned him around and he is really happier now. He wouldn't talk to teachers and he'd be a smart arse and like the*

feedback I'm getting now is that he's nowhere near as bad as what he was. He's still got a little bit of an attitude. This schooling here has definitely helped. And I think even the teachers have noticed the difference. He's not wagging school any more."

In response to being asked how he felt supported as a parent, Gary's father replied that, *they were fantastic to me too and when we had meetings at the school I felt less alone. Gary used to try and dominate the meetings and they gave me a chance to have a say. We worked out contacts and stuff that he had to agree to and that I could be involved in. It also was good that (name of EMU staff member) was male cause I used to feel like all these ladies would be there thinking that I was a hopeless father. He used to talk to me and tell me I was doing well and that helped my confidence grow. I also felt that I could ring him up at any time if I was having a problem with Gary and he would give me tips on what to do and would tell me I was doing well."* He added, *"it also helped that we moved from my crowded flat and I rented a house on the coast where Gary made a lot of new friends. He also goes to my football club now so we get to do things together and we are better mates now."* Gary said that *"X at EMU was really cool. They helped by talking to the teacher that I can't stand so he laid off me a bit after that."* The other aspects about EMU that he appreciated was *"all the activities, like surfing, which I love and the best thing was that you didn't have to do much school work, like you could be slack."* On the other hand, he said that *"I didn't like all the discussions, if they tried to talk to me I would just pretend to be asleep or try and ignore them as I can't stand all that talking about feelings and stuff."* At the two follow-up periods Gary had continued to attend school and had graduated to Year 9. He reported that, *"school isn't all that bad and I am better at doing my work, but I still hate maths, it sucks"* and his father commented that *"things are good, he still has a bit of an attitude towards some teachers but he is not wagging and as long as he is there he is learning."* (From interview with student ID 29.1 and his father ID 29.2)

The programs offering students full-time alternatives to mainstream school were less successful in returning students back to a mainstream setting, indicating that once students are completely disconnected from the mainstream system it is far more difficult

to facilitate their return. Only two of the 12 students attending the St Helen's program returned to mainstream schooling over the two-year period, although at follow-up another student successfully left the program and was re-integrated back into his previous primary school. Three students from St Helen's were referred onto 'The School' program and they were participating in this program full-time at the end of the study. One student attending 'The School' returned to mainstream but seven students were referred onto either the YEP or New St program. Therefore students in both St Helen's and 'The School' programs were continuing to receive an education at St Augustine's, even if the aim of transitioning them back to mainstream was unable to be achieved. The case scenarios of the one student, 'Justin' that left St Helen's during the course of the study to return to mainstream post-program and another where the student, 'Adrian', attended 'The School' and then was referred to New St are described below. Justin's case illustrates the importance of the consistent application of anger management strategies, limit setting and positive reinforcement and having the opportunity to learn to co-operate in a small group setting. Justin missing his old friends, however, also illustrates that attending an alternative setting can lead to feelings of isolation from friends and peers. For Adrian, who had experienced rejection from both his mother and friends, his experience at St Augustine's highlights the importance of providing a safe environment where bullying and abuse were not permitted and he was afforded the opportunity to form relationships with caring and empathic adults.

Justin.

In Grade 5 Justin was referred to St Helen's by the Assistant Principal at his Primary School. At the time of the referral a Program Support Group comprised of school staff, his parents, the School Guidance Officer, the school psychologist, a case manager and consultant psychiatrist from Child and Adolescent Mental Health Services and the regional Disability and Impairments Co-ordinator was involved in implementing and monitoring his Student Management Plan. Funding had recently been attained under the category of 'Severe Behaviour Disorder'. This submission for funding identified that Justin had shown a pattern of violence over five years, across three different schools, and in a number of different classrooms, in spite of skilled intervention being provided by a range of skilled professionals and school-based personnel, Justin's control of his behaviours have not improved in spite of this intensive input. The referring Assistant Principal stated that, *"Justin has the most explosive temper I have ever seen. He can go from placid to off the planet*

in about one second flat. Triggers can be anything from heckling, teasing, getting out in a game etc. We have extreme concern about Justin's physical aggression. It has reached a level where many of the teachers are afraid of him when on yard duty. His classroom teacher often feels unsafe and we have a real concern about the safety of other children in the playground." He identified St Helen's as being able to provide Justin with, *a structured small group setting, where more intensive intervention can be provided to deal with his anger management problems."*

Justin's mother agreed with the referral and said that, *Justin's problems are anger management basically; he used to lose his temper, swear at teachers, kick teachers, break teachers fingers in unstructured areas such as art or the playground. He is very fidgety and he doesn't sit still. It was un-nerving for the teachers and the other students; he did have the other students scared of him. He is a big boy, a solid boy; he has no fear like when he was in Grade Two he'd pick on the Grade Six boys. It had to be dealt with and fixed before High School. That's when they suggested St A's."*

Justin spent twelve months at St Helen's and returned to his mainstream primary school in the last term of Grade 6. His mother reported that *"St Helen's taught him the same strategies he had been told to use before but in a more concentrated way, as in walk away from trouble, take a deep breath, don't retaliate, just turn around and walk away. That's what I've grasped out of it. They have also reinforced suitable conduct, acceptable conduct. Like Justin loves to eat and will eat endlessly but there have to be limits and they reinforced that as well. For example the other day they had a BBQ and Justin wanted to go back for another sausage and his teacher just said, 'Justin remember your limits' and he walked away. And public speaking, he actually stood up and spoke. In the past he would have just been the clown but they channelled that into something that was acceptable to society, like public speaking. So they challenged him consistently, not academically because at the end of Grade 5 he had completed Grade 6 work anyway. Most of his CSF levels were established but they employed his knowledge to work with the other kids and be like a tutor which brought out the best in him and kept him busy and not bored."* Justin's mother also spoke highly of the activities based programming although she had reservations at first. She said that, *"I hated the activities at first until I saw how useful they were. I thought we would never get Justin out of this school, too much*

fun. But that was first impressions. They worked well. You behaved you went on activities, if you didn't you missed out. And that taught him what was socially acceptable, how to go out with others in a group and behave. That's what's helped me too". Justin himself agreed with his mother and said that, "when I am feeling upset and hyper I am better at walking away from other kids and teachers now because I used to just blow up. I used to get into lots of trouble but now I am being good." He reported however, that "I wanted to go back to my old school cause my best friend goes there and I had no friends here. I didn't think I really fitted in, the other kids were dumb and I had to help them out with reading and that."

At the first follow-up period, Justin's mother reported that, "Justin made a gradual transition back, like went for a day at first to see how it went and basically it was okay. This term we have been doing really well, there hasn't been a single incident but I have bribed him as well, \$2 a day if he keeps his nose clean and \$5 to me if he doesn't. Everyone says don't use money but hey it works. But during the transition back to mainstream last term he mucked up a bit and ended up being sent back to St Helen's for 2 weeks so that taught him a lesson and he didn't go back again."

At six months follow-up, Justin had made the transition to High School. His mother reported that, "he is getting into trouble but hey he has come a long way. We are just having rough patch now but considering where he has come from he's doing a hell of a good job. From what he has come from and how he has handled himself he is doing really well but he is not quite there so um they have been warning him and that hasn't been working so we are just really taking a really heavy approach at the moment in the hope that hey it will just snap for him." Justin had recently been suspended and his mother reported that this was for, "goading people, wanting his way of thinking rather than their way of thinking, they are minor things, they are not normally things you would suspend for but he is just doing little bits by little bits and we really have to put the thumb screws on because you could see it building up. The first time he made himself a Nazi wristband and the teacher asked him to remove it and he went off, 'I'm not doing that, if I want to wear it' and worse language than that. So he got suspended for that. The second time was he was calling out inappropriate things about girls." His mother was supportive of using suspensions being used at this time, where as in the past at Primary School she thought that they "used to hit the panic button too often". She said that, "he needs

to learn the consequences. Basically it is back to the respect and responsibility business and I think he is just testing his boundaries again and even his teacher said, 'yes we are having problems but look where he has come from and look at what he used to do' and in that scheme of things he has done really well, we have just got that final bit. What he is doing isn't going to be acceptable in the workplace it is not going to be acceptable by society and here it is just suspension but in the workplace he would lose his job." (From interviews with student ID 35.1 and his mother ID 35.2)

Adrian.

When Adrian was 13 years of age and in Year Seven his school counsellor referred him to St Augustine's. Adrian initially spent a short time in Secondary EMU before attending 'The School'. The reason for Adrian's referral was not violence or difficulties with his anger but because of personal difficulties that included his parent's separation, his mother's rejection of him and the death of his brother. At school he was a victim of bullying. The referrer said that, "*Adrian is very overweight because he eats for comfort and has had a traumatic family background. As a result of his size he is continually teased by all and sundry and is isolated from his peers. He has tried many times to overcome this but feels he has failed. He is feeling very upset and his self-esteem had plummeted. He is a delightful student and will not be a behaviour problem but our concern is that he may harm himself.*" His school counsellor hoped that St Augustine's would "*provide a safe haven for him and assist with the development of his own set of appropriate responses to situations when he is bullied.*" Adrian attended 'The School' for 16 months before he was referred to New St, where he attended for a further six months. He transitioned to the local Youth Access Centre at the College of Technical and Further Education (TAFE) to do Certificate One in Work Education and at follow-up Adrian reported being very happy that he was doing a pre-apprenticeship course in hospitality with a pathway to training as a chef.

Adrian's father reported that, "*St A's was a lifesaver, the staff were wonderful, I cannot speak more highly of what they did for him. They treated him as a person and were really caring and understanding. They sort of provided him and me with a family really, like you could call on them at anytime, especially X and X (names of staff members). He learnt that women aren't all that bad, not like his mother he*

learnt to trust again. He really got on with all the staff when I come to think about it, he would come home and talk about them all the time. His self-confidence went up too, he looked forward to going to school rather than being scared and learnt to do lots of things that I couldn't give him like computers, and ah what else, yes boating and surfing. He even did a driver education course which he was rapt in. I saw him grow up". Adrian said "I really liked going to St A's all the staff were really nice and they really talked to me and I think they liked me. They sort of helped you do things, like um working on the computer or doing spelling. It wasn't that hard after a while and we did stuff like fishing, surfing, bike-riding after our work and if you got good points you got a choice, like if you wanted to do golf or bikes." When asked whether or not he felt safe Adrian said that, "yes but the other kids could be a pain, like X (name of student), but there is a rule called safety, participation and respect we had to sign a letter, no it was a contract thing that we would do good. No-one was allowed to swear or call names or stuff like that or they got told off or sent home and had to talk about it and stuff at a meeting." (Interviews with student ID 45.1 and his father ID 45.2)

The New St program offers its students up to three days in program and the YEP program offers a two day program for students that generally have not attended school for some time, although it is noted that in the second year of the study this was less true for students attending YEP as an increasing number of students were referred whilst they were still attending mainstream school. In the New St program, one student (4%) transitioned back to mainstream school and 10 students (44%) transitioned to vocational education and training or employment. For the YEP program, 45.9% of students recorded a positive outcome with four students (15.3%) making the transition to back to mainstream school and six students (30.6%) moving onto vocational education and training or employment. One of the students, 'Jonathan' that attended YEP and made a successful transition back to mainstream school full-time is provided below. Jonathan's case illustrates the importance of maintaining links and supports within the mainstream school, providing him with an opportunity to experience a positive relationship with teachers and to be involved in personal decision-making. Like Justin, Jonathan was also motivated to return to school fulltime where he could be with his friends.

Jonathan.

Jonathan was one of the students that moved back to mainstream school from the YEP program. His integration teacher referred Jonathan to YEP at age 13. He had received funding for having a 'Severe Behaviour Disorder' one-year prior and it was noted that Jonathan had experienced difficulties since primary school. He was transferred in Grade Four to another school after attacking a teacher and in Year 7 he was enrolled in a withdrawal program. During this time he was living with his father but he subsequently moved areas and resided with his mother. In his new school he was placed on a protocol arrangement with another school. This arrangement broke down after three weeks and he was returned to the school that referred Jonathan to the YEP program. The referrer said that Jonathan *"is constantly defiant and oppositional. He has been suspended at least 20 times. He will not listen to reason, constantly defies school rules, will not wear school uniform and likes to override the teacher's control by using bush lawyer tactics in class to destroy any control. Teachers are complaining and staff health issues have been raised. The situation here is urgent. He has been suspended from primary school, and two high schools and now his previous school is refusing to take him back. Jonathan's future looks bleak."* The teacher believed that *"he needs to be given the opportunity to work in a smaller setting that can tap into his potential and assist him to take positive rather than negative risks."*

His mother on the other hand did not believe that Jonathan's problems were as serious and said that *"he just had personality clashes with teachers and they were saying you can't do this and that and he was getting into trouble for all these minor things. He didn't assault a teacher although he did throw a rubber at someone and flicked rubber bands but I don't think there was any physical violence although I'm sure he was inclined to do so at some stage. Anyway it was just constant. He was coming home crying and he just didn't want to go to school. He didn't like this teacher or that teacher."* Jonathan tended to agree saying that *"the teachers except one are all f.... wits and they are just out to get me because I am bigger than most of them but I couldn't give a stuff. They are just dead s..."* Jonathan is tall for his age and his mother said that *"one of the outside influences is that he hangs about other kids that are 18, 19, 20 years of age that do drugs which worries me and because he wants to be a basketball player, he thinks that you don't have to go to school to be a basket ballplayer. He thinks he can just do life easy."* The YEP staff negotiated for

Jonathan to continue at school as long as he concurrently attended the YEP program. He attended the YEP program for 15 months for two days per week and spent three days a weeks, two with the assistance of the aide and one without 1:1 support. A teacher at the school who was a basketball player also played a key role in providing Jonathan with support and guidance at school. His time at YEP was not without incident and he damaged the bus on one occasion and was requested to write a letter of apology and reparation stating how he would repair the damage.

Jonathan's behaviour at school improved until a point where he was able to resume full-time attendance. His mother gave the following reasons for Jonathan's success. *"Jonathan wanted to come here (to YEP) and he enjoyed the program. It was really good and it made him feel better about himself. And they do help him think about the consequences of his actions and he seemed to respect the fact that they let him go and make decisions for himself rather than tell him what to do as that is what he can't handle well. He also liked X and X (YEP staff members) a lot and he talked about them constantly, particularly the fact that they told sick jokes all the time. He's also a very outdoor type, he's always playing sport and being outside so the activities suited him, he's not one to sit inside and watch TV. I think things improved at school because they put in supports and they would go in and negotiate when he got into trouble, rather than them just say we will put him out. They are actually trying different things."*

Jonathan's mother also pointed out that he was motivated to go back to school because he missed the social life, especially his girlfriend. *"Coming to the program was really good but it took away from his social life at school and he liked that social interaction. His social life was limited at YEP although it was good though because coming here he knew that he's not the only one with problems, that's he's not special. Some of the other kids seemed to have had it a lot harder than Jonathon and at least he's healthy. The kids seemed to help each other with what was going on in their lives. But he's got his social network at school, he doesn't see anyone after school so after being here twice a week he would be saying I want to go back to school. Plus he's also got a girlfriend at the school and he really missed seeing her, so that really motivated him to try I think. Jonathan talked about his experience in the program and the reasons he wanted to return in these terms. "It was great*

coming to YEP, I loved surfing and sport and going to the gym everyday was a bonus. I got on with X and X (staff names) and except for a few other teachers, I have never got on with many but they weren't like teachers at all, more like mates sort of. But in the end I got bored doing the same things and I missed being with my friends so I just had to take the plunge and get on with my life. Yeah I'm a star when I come to think about it." During the first follow-up period Jonathan was continuing at school but after six months he decided to go and live with his father and was unable to be contacted but his mother reported that he had changed schools and was *"doing fine."* (Interviews with student ID 42.1 and his mother 42.2)

5.3.2 Negative outcome destinations.

Very few students were excluded from programs during the course of the study (n=3, 1.8%). One student was attending PEMU and was excluded after a major incident involving violence. It is noted that in following up what happened after this six months later, his mother reported that *"he's now fantastic, he went to a new school in a new area and it's like the Bronx's to Buckingham Palace, like turning the devil into an angel although he still does act up sometimes."* The second student that was excluded attended St Helen's and left after a succession of incidents that had become increasingly violent and terrorising to other students and staff. At follow-up another student who had been referred by 'The School' to New St was subsequently excluded from New St for violent behaviour but few details are available about this student and they were not in the interview sample nor could they be contacted at follow-up.

Students that did not engage were defined as those that were enrolled in a program but generally only attended for a couple of days and were not re-enrolled in the next school term. Students that withdrew on the other hand, may have attended regularly, then their attendance deteriorated or they may have been irregular attendees over a long period of time and eventually their place in a program was closed.

Across the six programs there were differences in the negative outcomes experienced by students. Table 5.7 shows that negative outcomes immediately post-program were experienced primarily by students attending New St (n= 11, 44%), the YEP program (n= 11, 42.2%) or Secondary EMU (n=7, 17.5%). Some of the students that attended New St or YEP were attending school, working or participating in another program offered in the region concurrently with their attendance at either the YEP or NEW St program, however

the majority were not (n= 31, 68.6%). It is possible that in addition to working with students that are very disaffected with learning, the process of engaging students in a part-time program for two or three days per week is more difficult when the students are unoccupied on the other four to five days of the week. On these days they may be living very sedentary, passive lifestyles, or alternatively chaotic lifestyles, involving late nights, being on the street with friends or drug taking.

Information concerning the reasons for students withdrawing or not engaging were obtained from either completed Transition Forms or provided directly by staff or parents. The reason cited for 14 of the 32 students in the sample that withdrew was that the students for example, *'choose not to come'* or *'felt that they were not getting anything out of the program'*. This indicates that for these students it was a personal decision not to continue to be in the program. However, the reasons given for the remaining 18 students were related to external factors or the severity of their mental health or substance abuse difficulties and included homelessness (n= 6), serious mental health problems (n= 6) including being admitted for in-patient treatment (n= 2) and chronic substance abuse (n= 4). Below Liam's experience of not being engaged is provided as an example of a student whose inability to attend school was anxiety based. Warren's experience of the process of withdrawing from program and being re-referred is also described. Warren's case illustrates that part-time programming may not be sufficient to engage a student who is alienated from school and is open to influence from anti-social peers.

Liam.

Liam was a student who did not engage in program. When he was 14.6 years of age he was referred by the Student Welfare Co-ordinator who stated that *"he has a history of school refusal. He started off in Year Seven, but in Year Eight his attendance deteriorated and he hasn't attended at all in Year 9. It is hope that he may find coming to a smaller, alternative program a place where he can feel more comfortable and less anxious."* His mother brought Liam for his program induction and she reported that Liam was excited about starting afresh at New St. Over the next three months he only attended five out of an expected 30 days. Liam was very reserved in talking about his reasons for not going but did say, *"New St wasn't bad the staff were better than teachers but I couldn't stand the other kids, they make me sick and I didn't want to go back."* At two follow-up periods he continued to be at home and his mother was unable to add any further information. *"I don't know why*

he stopped going because he doesn't talk to me he just sits on the computer all day. All I know is he used to say 'mum I don't want to go I feel sick' and he would go to his room but that's something he has been saying for a long time when he has to go to school or leave the house. I suspect he may have felt frightened and anxious being around the other kids as they appeared to me at least to be a lot more worldly and how could I put it, like streetwise types. We don't really know what started it all its just got worse over time. New St suggested we go to see a psychologist and I made an appointment but on the day he refused to go with me. I went but they won't come to the house to talk to him. He just stays at home now, he refuses to go out and I find I am at my wits end. I have to go for walks everyday or out with my friends just to get away from the stress for a while." (Interviews with students ID 46.1 and his mother ID 26.2)

Warren.

Warren was a student that withdrew both from Secondary EMU and New St. The Student Welfare Co-ordinator originally referred him at the age of 13. She reported, *"he has been in lots of trouble in Year 7 and is struggling at school academically and says he can't concentrate. He is repeatedly being suspended and his mother says that his behaviour at home is horrific."* Warren's mother was extremely angry about how the his school was managing his behaviour *"it had got to a stage where if he put one foot wrong I would be called to pick him up but he just tended to run off for the day and in my opinion they just wanted to kick the difficult ones out."* She expressed relief and elation when he was enrolled in EMU. *"It was fantastic X (name of EMU staff member) was really a godsend at that time for us because she was really positive and she was hearing us unlike the school people because they just chuck it into the too hard basket and can't be bothered So when X (name of EMU staff member) came along we thought that was good, it didn't fix the problem though as you wouldn't expect it to in one day a week but that one day a week that was positive was good for him but there was too much negative still happening the other 4 days a week to outweigh the good. EMU was filling up a gap but his school was were undoing every single thing that EMU was doing. So any positives we were trying to do at home and at EMU were getting just ripped up and taken back the other four days. Anyway, he then fell in with some girls amazingly enough that run away to Melbourne and he only met them two days before and they were hooking and into drug and living with god knows who. Anyway, these girls did a runner on*

him so he was somewhere in Melbourne with no money, and he eventually got cold and hungry and rang me up. It was extraordinary stressful, apart from the fact my husband and I wasn't living together and having difficulties at the time. After he came back, he just continued to hang around the wrong crowd and if he went to school he just into trouble. In the end they wanted to kick him out of school and to this day I have never received a letter saying they have kicked him out but they won't have him.

So X (name of staff member) from EMU called us up and suggested he go to New St. He had a few weeks with nothing to do and started mixing with a bad crowd again but at New St, he did lots of things which was really great for him because it was hands on and that was really good so he was quite happy to do surfboards but I wasn't happy because I think it was just a way to keep them off the streets and I have to admit we did sort of feel like that sometimes it was like that because he wasn't doing any academics. Anyway he was only going two or sometimes three times a week and after a while he would prefer to hang around with his mates that weren't doing anything productive. He didn't run away after that trouble in Melbourne but he would take off for a day after he would get angry but we would know where he was. But then he started smoking drugs and then he started stealing our stuff. We would come home and the CD player would be gone, tools, DVD, money, sub woofer, kids bikes, birthday presents and we had to get really tough then and that was really hard we had to change the house locks. You give teenagers nothing to do and they will find something and none of it will be good. So now we have got this 15 year old, that hasn't passed Year Seven and he has to go to court next month for stealing a car. All I can do now is pray for some sort of turnaround." When talking about his time at EMU, Warren said, "EMU tried to help me, it wasn't too bad, like we had meetings and all that but it was no good because school didn't want me there anyway and I couldn't do the work so it was better just to leave. My mum was pretty upset and I didn't like letting her down but what could I do it was hopeless. I ended up running away and getting into drugs and I feel bad about that." Warren started off enjoying New St but later felt angry about his experience there. He reported that "the activities were good, like carpentry and tool time and it wasn't hard work like school but they stuffed me around bad. Like I would be supposed to be going on a Monday after the holidays and then they would ring up and say don't come till next week. It was a total stuff up all the time messing me

around. Then when X got kicked out I wanted to smash their heads in, it wasn't right, they were no better than all the others." (Interviews with student ID 30.1 and his parents ID 30.2)

Except for two primary-aged students, the majority of students that did not engage or withdrew were adolescents. At either one of the two follow-up periods, seven of these 25 students subsequently were re-referred or commenced a vocational education or training program. Table 5.7 provides information about the destination for all students at follow-up in the last two columns labelled 'not known' or in 'no day program'. 'Not known' meant that program staff was not aware of what had happened to these students and that the researcher was also unable to make contact with the student or their parents by phone.

The data indicate that the majority of students who could not be contacted or were no longer engaged in education or employment had attended either the New St or YEP program. At the three to six month follow-up period 15 students (60%) who had attended the New St program were either not engaged in education or training program during the day ($n=7$, 28%) or what they were doing was unknown ($n=8$, 32%). Students in one of these two categories for the YEP program totalled 13 students (49.9%) with the destination of five students (19.2%) unknown and the other 8 students (30.7%) were not engaged in an education or training program. Program staff indicated that at least one of these students was incarcerated for offending. However, there were two examples of students in the interview group that at follow-up had engaged in education or employment. Vince for example, left New St because he had reached the age limit and it is noted New St had not organised another program for him to transition to, nor had staff provided follow-up support. Unoccupied he became aggressive at home, spent time living with his father after a report to Child Protection, then became an inpatient in a psychiatric unit before returning to live with his mother. At the six-month follow-up period he was back attending school full-time. Of all the students in the sample, Vince was the only student at follow-up who was undertaking Year 11 studies, although he was doing a modified curriculum with an aide assisting him three days per week. His experience is described below.

Vince.

Vince's mother took the initiative to refer him to New St whilst he was in Year 9. She reported that *"He is only just attending school and is not learning or making*

friends. The teachers are doing their best but they are tired of his antics. They are there to teach 300 students and not to provide childcare for a difficult child. School is very difficult for Vince as he has Aspergers and he has an IQ of only 70, so he has few positive experiences in his school day as he is not age appropriate amongst his peers and constantly disrupts other, destroys property and gets suspended as a result." She hoped that New St would "help Vince to make wise choices and to experience a program where he gets some positive feedback rather than constant criticism. I need help in reinforcing what is appropriate behaviour in the outside world."

Vince attended New St two days a week for five months and at the same time he was working one day a fortnight and the rest of the time he continued at Secondary with full integration support and a modified curriculum. Whilst attending New St his mother reported that, "the way it's structured it gives everyone a bit of a break. He's being suspended less frequently and he is wearing people out less. He enjoys going. I give him his bus fare and he has to catch the bus each way. Vince is not streetwise because he doesn't have any friends so he's probably learning some things I'd prefer he didn't. I think the other day some of the kids made a bit of a bomb with some firecrackers but he saw that the kid lost out because he lost points or whatever. He saw there was a direct consequence. He also loves the interaction with the male roles because he doesn't have that in his life, so I really like the fact that he has guys he can relate to. Also the teaching of practical skills is great, like they went to work on a boat the other day. There are all sorts of things he comes home and talks about. I think it is just really good positive role modelling for him. I don't know if it's happened yet but if he's going to blow his stack I'm sure they will listen to him. They treat him as a person." Vince said that, "I really like X (name of New St staff member) because he helps me with my maths and he is interested in insects like me. X (Name of New St staff member) is good too because he likes computers just like me. It is good because I haven't been in trouble yet and mum is happy with me. I try and ignore the other kids if possible and what is it you say, I put my nose down and get my work done. The points are good and I want to get A Grade all the time."

After Vince left New St because he had turned 16 years of age, he was attending school three days a week and not involved in another program on the other days and

had lost his job. Within a month his behaviour at home resulted in the involvement of Child Protection services. His mother explained what happened during this time. *"Child Protection got involved because he actually really knocked his other brother around quite a bit and I just said 'I can't manage him anymore' and they got involved and spoke to his father and asked him to come to a meeting. The Head of the Integration Department even turned up at that meeting and spoke from the school's point of view, there was X from family services and they came and spoke from the other 2 children's point of view, and also about the fact that it wasn't my parenting that was causing all the major problems. I mean certainly I have faults but umm that the other children were doing okay but that they were frightened of him. Then his father sort of whizzed in and said 'I don't know what is wrong him, he is good for me it is just the way she brings him up and she is bloody hopeless,' so he dumped himself right in it so I said 'well okay he is not coming home'. So he then left school and was doing nothing. Six weeks he lasted there. He was ringing me up and saying 'mum please can't I come home' and I said 'no'. Anyway we negotiated that if he did come home there was rules and there has been quite a bit that has gone on and he had to make the decision himself. He ended up in the X psychiatric unit and he did a couple of weeks there. They took him off all his drugs and he spent a fair bit of time in the padded cell and they changed his drugs a little bit, he's now on a new drug that has been fabulous and it has fixed the aggression. He was a bit tired at the start but he takes half of it in the morning and half at night and he seems to be managing well. He then came back to live with me and went back to school three days a week."*

After six months his mother reported *"that he wanted to go to school full-time and I said 'well you would have to negotiate with your teacher, if you behaviour yourself they may have you back five days but if you don't'. Now he's five days a week at High School but he is taking one afternoon off and doing an automotive course. I really like man who is his instructor as said that he would like to try it out with him, so he has actually taken quite a bit of time with Vince otherwise I don't think he would still be there and so he is actually is going alright. He said to me 'what are your expectations' and I said 'I don't think he will be ever able to put on a white coat and sort of work for the Ford dealership but there is no reason why he can't work for a local guy fixing chain saws or farm machinery, or motor mowers'. He likes to know how things work and again with this new Federal budget he is going*

to be expected to work 16 hours a week which I think is a fabulous idea, um if he gets the disability pension and there is no reason why a local guy might not take him if it was wage subsidised and then he is at least out there amongst people who are doing things. So look I have just been really lucky.” (Interviews with student ID 44.1 and his mother ID 44.2)

5.3.3 Requiring further program intervention.

In developing the design of the study, the scenario of students either staying in placement at St Augustine’s as a result of an internal referral or returning following re-referral was not originally envisaged as being a frequent occurrence. However, it was found that a total of 54 students (34.1%) in the sample were to be referred onto another program or left St Augustine’s and at follow-up were to be re-referred for placement. This group included 25 students that immediately post-program were referred to another program and 30 students that were re-referred after leaving.

In examining these referral pathways over time, the rate of re-referral at follow-up primarily occurred with students who had attended the Secondary EMU program (n=10), the Primary EMU program (n=8). EMU staff follow-up students for three months after they leave the program and it is noted that staff having on-going contact with the students’ school initiated a number of the re-referrals. Four of the Primary EMU students were referred to another program immediately post-program (two students to Secondary EMU and two students to ‘The School’). However, over the two follow-up periods, eight of the original cohort of students who had attended Primary EMU were subsequently re-referred at follow-up because they were having difficulties at mainstream school, particularly if they had commenced Secondary school. Following re-referral, six of these students attended Secondary EMU and two attended ‘The School’. In the Secondary EMU program, five students were referred to another program immediately post-program and four attended the ‘The School’ and one student attended YEP. A total of 10 students in the original cohort of students that had attended Secondary EMU were subsequently re-referred either to ‘The School’ (n=7) or the YEP program (n=3).

The case scenario of Mike is described below. He is a student that attended Primary EMU and then in secondary school was re-referred to Secondary EMU. At follow-up he was re-referred to ‘The School’ His case scenario illustrates how conflict at home can impact school attendance.

Mike.

Mike was referred to Primary EMU in the last term of Grade 5 when he was 10 years old and attended the program for three terms in Grade 6. In making the referral, the Student Welfare Network Co-ordinator listed the following issues of concern. *"Mike experiences a sense of isolation and hopelessness, he seems like he has nothing to look forward to and has low self-esteem expressed by him frequently saying 'I didn't, I can't.' Has also very poor social/friendship skills."* She hoped that his involvement in the program would *"improve his social skills, especially friendships with other students, help him feel 'good' about himself and to develop positive self-talk and finally to improve his goal setting strategies."*

Mikes's mother said that, *"he was having some difficulties, he wasn't getting along with other kids and was not doing his work. Quite often I think it's because he doesn't put enough effort into it because he just can't be bothered half the time. He played up a lot and would walk out and I got called up a lot of times. Now instead of giving him stickers for good behaviour, they are giving him stickers when he plays up and when he reaches 3 stickers he misses out on going to EMU for the following Monday. So they going to stop him going if he gets those 3 stickers but that hadn't happened yet although he has got two stickers a couple of times. He loves EMU and he hates school. He's not walking out of school like he was he has only done it once in the last couple of months."* Mike said that EMU is *"just more fun, I hate school"* When asked what he finds difficult at school, he said *"Dunno, they pick on me for little things and make you sit there and do work all the time, not like here. You only have to do school work in the morning and they help you and stuff. It's not that hard. I wish X (name of EMU staff member) was my teacher all the time."* Mike's understanding of why he was attending EMU was that *"dunno, just controlling my anger cause I get into trouble with the teacher and other kids who try to pick a fight with me. Sometimes I wake up in a bad mood and decide not to go and my mum can't make me. Its better playing games or watching TV than being at school."* Asked if there was anything he disliked about he said, *"no, I just wish I could come here all the time instead of school."*

At follow-up, Mike was subsequently re-referred to Secondary EMU in the second term of Year 7. The Primary EMU worker made the referral and stated that *"Mike is refusing to go to school and the Student Support Worker has been picking him up from home. He*

has signs of depression both at home and at school. He has spoken positively about attending EMU again."

While attending Secondary EMU, Mike's mother explained that, "we have had a lot of trouble getting him to go to school since he started secondary. The first few weeks of high school he wasn't too bad but then he was getting in trouble for not getting his work done and he didn't agree with some of the teachers and he would crack it and he had a few disagreements with a couple of the kids and he just started getting worse and worse thinking that he didn't have to go to school. He then hardly went for months. He would check his timetable of a morning and see what subjects he had on and if he didn't like what he had he just wouldn't go to school." When at home his mother felt intimidated and provided the following description. "He just drives me up the wall when he is home, he swears at me and orders me around to do this or that. Sometimes when he gives me such a hard time I just jump in the car and take off, that's if I can get in there before him. Because if he realises what I am doing he won't let me, he holds onto the car door and he knows that I won't leave whilst he is doing that. Sometimes I just feel like he was going to drive me crazy. When he wasn't going to school I felt like I was in prison because he was there in my face all the time and was at me to do things all the time and it is such a relief when I get him to school. He just won't do anything for himself when he is at home its just 'get this get that' all the time even his breakfast. He won't even get off the couch to get something he wants, he asks me to do it for me, so there have been a few times I just say I am busy and he'll just either keep yelling at me or after a while he will do something for himself but that's very rare."

His mother was positive about the support she was receiving from EMU and the high school. "As well as going to EMU, he now working with the support worker at the school and she has been really good and um and at different times I would ring her up and um she would get on the phone to him or she would even come here and get him. A couple of times he went with her and other times she had a real struggle to get him to go and he still can flatly refuse even with her. She has worked around some of the subjects with him and has changed some of his classes. There was one English for example, where he had a German teacher and apparently she had a very strong accent and Mike had told me earlier that he had trouble understanding her. So one day when she came here and I had trouble getting him to school I told her what he had said to me and she said 'oh we can get him to change because they have a special English class for those who need a bit of

help' and she got him into that and she's worked around other things with him, um plus on a Friday she runs the BAYSA bike program and she has got him into that so he is really only having to go to school three days a week and he still loves EMU and goes pretty regularly it is just school but he still misses if he is in a bad mood and X (name of student support worker) cannot get him to budge." Mike also talked very positively about the support he was receiving even if he still had mixed feelings about attending school. He said, "things are good, I went to camp at EMU which was ace and X (name of student support worker) is okay she comes around and talks to me if I don't feel like going to school. I still don't want to go though, it just messes me around going to all those different classes, it's too crowded and non-one tells me what to do, I still get bossed around and stuff. I prefer to be home where I can work on my computer or go skating."

One the day of Mike's EMU graduation he did not attend because of conflict with his mother. His mother found this very distressing and described what happened. "He just cracked it with me and he started picking at me about what I was wearing and was looking for any excuse not to go. And so I ended up ringing up EMU to let them know what was going on. I don't know, he was all for going at first and then all of a sudden he just changed, he started criticizing me and just carried on and then he didn't want me to go and he didn't have to go so I ended up going out for a couple of hours and just left him here." Due to Mike's ongoing difficulties staff at Secondary EMU gave him another term in the program.

In the second term of Year 8 Mike was re-referred to 'The School' where he has been attending for the past six months. He is only attending four days as he also participates one morning a week in the 'Rainbow Horse Riders' program. His mother reports that "Mike is doing really great at St A's, he is really happy to go every day and I no longer have our morning fights. They have told me that he is a pleasure to work with which is a real change to hear as my doctor told me I was heading for a breakdown. While I am still taking my anti-depressants it is not as stressful as it was although we still have out moments but I am feeling stronger. I just ignore him, turn off of go for a drive or walk. Yeah, things have turned out for the better and I am very happy." (Interviews with student ID 27.1 and his mother 27.2)

5.3.4. Students attending more than one program.

Examination of the student records of attendance prior to the study indicated that 27 students (17%) in the sample had also attended another program prior to their current involvement. Figure 5.1 provides the data on the total number of programs students attended both during and prior to the study. Overall, either prior to or during the study, 61% attended one program (n= 97) but almost 25% of students (n= 39) attended two programs, 12% (n= 18) attended three programs and 2.8% (n=3) four programs. While it is positive that 39% of students in the sample were able to access ongoing support in an alternative setting, this finding raises issues of the ongoing planning and co-ordination of interventions between individual programs and with mainstream schools.

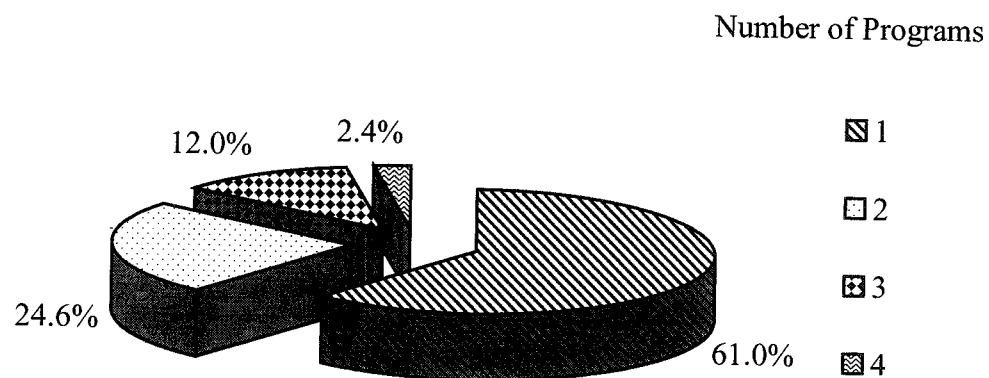


Figure 5.1

Percentage of Students Attending One or More Programs During the Study and Prior to the Study.

N=158

Stuart was one of the three students who attended four programs and in total spent 52 months at St Augustine's. His mother reported that Stuart had attended Primary EMU for six months when he was in Grade 4. His placement at school broke down and then he changed primary schools but this placement only lasted for three months and so a third school was tried but this placement also broke down. Stuart was then referred to St Helen's where he attended for 22 months, during which time he experienced a further two unsuccessful returns to mainstream primary school. Following five unsuccessful attempts

to attend primary school, secondary school was never attempted and he remained at 'The School' full-time for 20 months prior to be referred to New St where he attended for a further 5 months. At the time of leaving St Augustine's his mother found him a part-time apprenticeship as a small parts mechanic. There were however, a number of issues in obtaining additional tutoring and support at the local TAFE college, including Stuart's ability and achievement not having been formally assessed since Grade Four and therefore there was no contemporary evidence about his level of functioning which was required in order to obtain funding for additional tutoring assistance.

5.4 Factors relating to outcome destinations post-program.

Variables that may be significantly related to the three outcome destination groups (POS, NEG & FPI) post-program and at three and six months follow-up were examined. Post program destination was correlated with the variables used in the study such as demographic and referral factors, TRF and SSA scores and various program factors such as the number of significant incidents and length of attendance. The correlation results are provided in Appendix P.

Significant correlations immediately post-program were found for the following variables: TRF rule-breaking ($r=.307$), TRF externalising ($r=.218$), TRF working hard ($r=.330$), number of months in program ($r=.627$), program attendance ($r=.655$) and the number of critical incidents a student was involved in ($r=.501$). MANOVA or univariate ANOVA was then conducted using these measures to assess the significance of any differences in scores between the three outcome destination groups. Student outcomes groups were POS ($n=89$), NEG ($n=35$) or FPI ($n=34$).

5.4.1 TRF clinical subscales.

When a MANOVA considered the relationship between TRF clinical sub-scales and outcomes it was found that the TRF rule-breaking sub-scale was able to significantly predict outcome post-program $F(2, 923) = 1.7, p = .045$. A least squares post-hoc analysis using the descriptive statistics revealed that students with positive outcomes were likely to have lower TRF rule-breaking T -scores than students in FPI outcome group post-program ($p=.004$) There were no significant differences found between the scores of the positive outcome group when compared to the negative outcome groups ($p = .108$) or the FPI group compared to the negative outcome group ($p = .359$).

Mean *T*-scores for TRF rule-breaking sub-scale between the positive, negative and FPI outcome groups are depicted in Figure 5.2. The mean *T*-scores for students in the negative outcome ($M = 71.34$, $SD = 11.08$) and FPI outcome ($M = 71.34$, $SD = 10.97$) groups fell in the clinical (disorder) range, while those in the positive outcome group ($M = 66.92$, $SD = 8.89$) fell at the lower end of the borderline range.

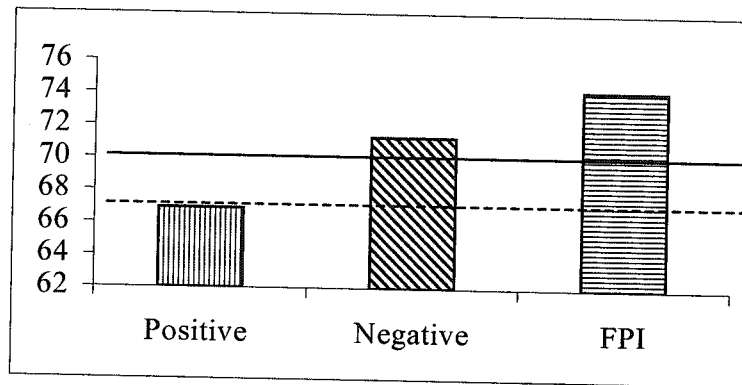


Figure 5.2

Mean T-scores for the TRF Rule-breaking Sub-scale for the Positive, Negative and FPI Outcome Groups.

Note: Solid line clinical range >69 , dotted line borderline range 65-69.

Positive $N = 55$, Negative $N = 17$, FPI $N = 22$

When the relationship between the two TRF internalising and externalising sub-scales and outcomes was considered using MANOVA, it was found that the TRF externalising sub-scale was able to significantly predict outcome post-program $F(2, 530) = 3.0$, $p = .043$. A least squares post-hoc analysis using the descriptive statistics revealed that students experiencing a positive outcome had significantly lower mean *T*-scores for externalising difficulties than did students experiencing a negative outcome ($p = .045$). There were no significant differences in *T*-scores found between the positive and FPI outcome groups ($p = .065$) and the FPI and negative outcome groups ($p = .773$).

Mean *T*-scores for the TRF externalizing sub-scale between the positive, negative and FPI outcome groups are depicted in Figure 5.3. The mean *T*-scores for students in each outcome group were positive ($M = 68.36$, $SD = 9.60$), FPI ($M = 72.77$, $SD = 8.93$) and negative ($M = 73.64$, $SD = 9.08$). It is noted that the mean *T*-scores for each group fell in the clinical (disorder) range $T > 63$ post-program.

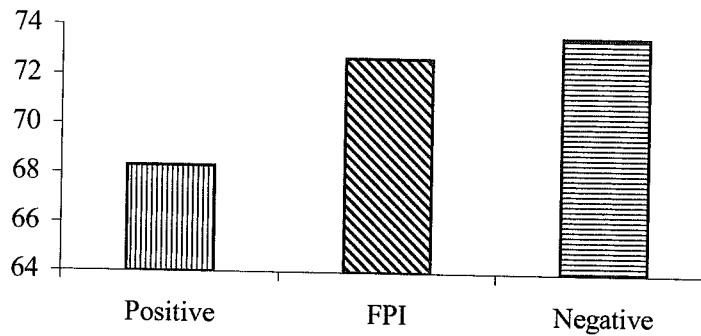


Figure 5.3

Mean T-scores for the TRF Externalising Sub-scale for the Positive, Negative and FPI Outcome Groups.

Note: All students scored above the clinical range for externalising problems $T > 63$

Positive $N = 55$, Negative $N = 17$, FPI $N = 22$

When a MANOVA considered the relationship between the TRF Adaptive Functioning sub-scales and outcomes post-program it was found that the TRF working hard sub-scale was able to significantly predict outcome post-program $F(2, 203) = 3.0, p = .004$. A least squares post-hoc analysis revealed that the students who had a positive outcome had significantly higher T-scores than students in the FPI outcome group for the working hard sub-scale ($p = .001$). Students in the FPI outcome group also had lower mean T-scores than the negative outcome group ($p = .047$). There were no significant differences found between the positive and negative outcome groups ($p = .440$).

Mean T-scores for the TRF working hard sub-scale for the positive, negative and FPI outcome groups are depicted in Figure 5.4 and show that students with positive outcomes were likely to have higher TRF scores for working hard ($M = 39.6, SD = 4.58$) than students with a negative outcome ($M = 38.7, SD = 4.7$). For both these groups the mean T-scores fell in the borderline range ($T = 37-40$). Interestingly however, students with negative outcomes were also more likely to score higher on the TRF working hard sub-scale than did students with a FPI outcome ($M = 36.0, SD = 1.9$), with the mean T-scores for the FPI group being in the clinical range ($T < 37$).

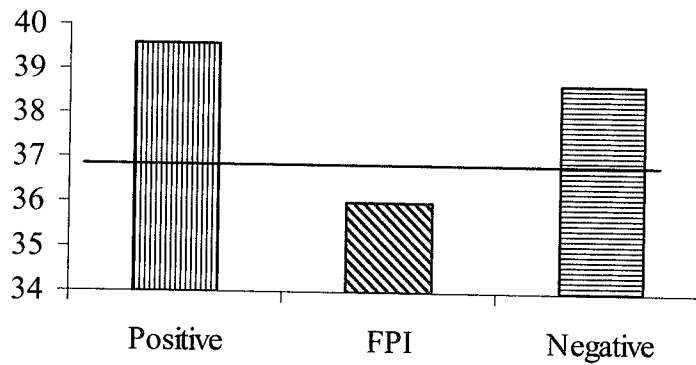


Figure 5.4

Mean T-scores for the TRF Working Hard Sub-scale for the Positive, Negative and FPI Outcome Groups.

Note: Solid line clinical range < 37

Positive $N= 55$, Negative $N= 17$, FPI $N= 22$

5.4.2 Frequency of and length of attendance.

When univariate ANOVA was used to consider the frequency of attendance and outcomes it was found that attendance level was able to significantly predict outcome post-program $F(2, 90180) = 98.5, p = .000$. A least squares post hoc analysis showed a significant difference in attendance levels between all three outcomes groups. That is, those with negative outcomes had significantly lower attendance levels than the students in the FPI ($p = .000$) or positive ($p = .000$) outcome groups. Furthermore, the FPI outcome group had significantly lower attendance levels than the positive outcome group ($p = .001$). Given the negative outcome group had a much lower attendance level than with FPI or positive groups, this suggests that attendance is a good predictor of outcomes. Figure 5.5 depicts the attendance levels for the three outcome groups. The mean attendance rate for the positive outcome group was 89.1% ($SD = 18.24$), 75.5% ($SD = 22.39$) for the FPI outcome group and 29% ($SD = 22.3$) the negative outcome group.

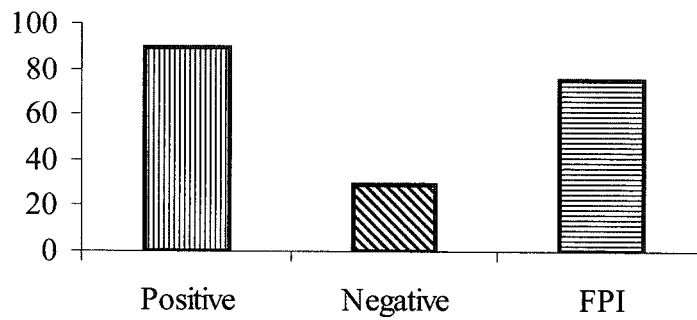


Figure 5.5

Percentage Attendance Rate for the Positive, Negative and FPI outcome Groups.

Positive $N= 89$, Negative $N= 35$, FPI $N= 25$.

When ANOVA was used to consider the number of months students attended programs and outcomes it was found that the number of months attended was able to significantly predict outcome post-program $F(2, 554) = 10.58$, $p = .000$. A least squares post hoc analysis showed a significant difference in the number of months attended between the positive and FPI outcome groups ($p = .000$), and the negative and FPI outcome groups ($p = .005$). However, there was no significant difference found between the positive and negative outcome groups ($p = .235$). The number of months spent in program for the positive, negative and FPI outcome groups is presented in Figure 5.6.

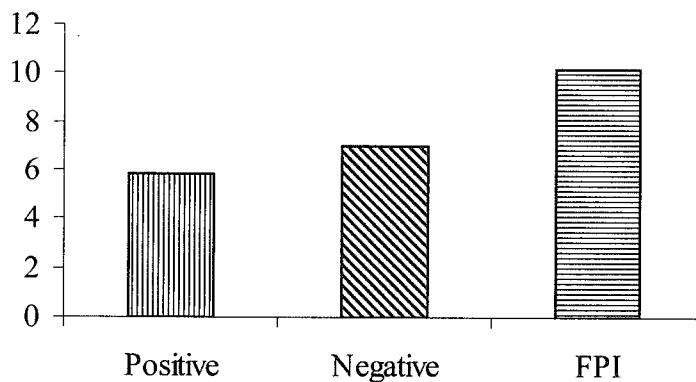


Figure 5.6

Mean Number of Months in Program for the Positive, Negative and FPI Outcome Groups.

Positive $N= 89$, Negative $N= 35$, FPI $N= 25$.

The mean for the positive group was six months (SD= 2.0), for the negative group seven months (SD= 5.5) and the FPI group 10 months (SD= 7.8). These results make sense given that the majority of student that experienced positive outcomes attended the EMU programs which are time limited to six months and the students continue to be enrolled in their mainstream school, whereas students in the negative outcome group would have spent fewer months in program because they had either not engaged or had withdrawn.

5.4.3 Critical incidents.

When *ANOVA* was used to consider the number of critical incidents the students were involved in while in program and outcomes it was found that the number of critical incidents was able to significantly predict outcome post-program $F(2, 112) = 4.5, p = .012$). Those with positive outcomes had significantly fewer critical incidents than the students in the negative outcome group ($p = .05$) or the FPI outcome group ($p = .005$). There was no significant difference found between the negative and FPI groups ($p = .511$). It is not surprising that the students in the FBI group were involved in more critical incidents as they had been in program longer than the other two groups. Of interest is the lack of difference between the FBI and negative outcome group. This suggests that the negative outcomes were associated with difficult to manage behaviours that were expressed over a shorter period of time, given that these students spent less time in program than did the FPI group.

The number of critical incidents for each of the outcome groups was as follows, positive ($M = .56, SD = 1.3$), negative ($M = 1.9, SD = 5.4$) and FPI ($M = 2.4, SD = 4.0$). The number of critical incidents for each group is presented in Figure 5.7

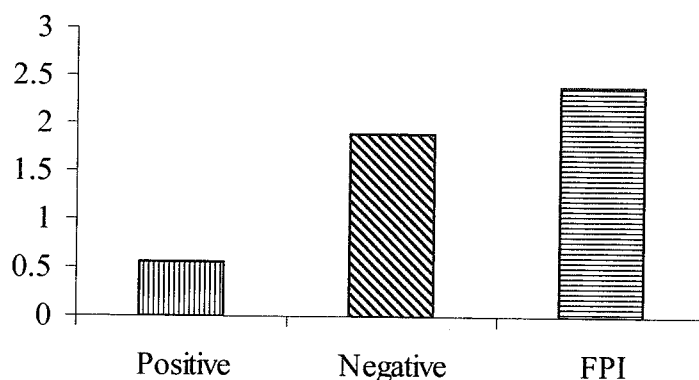


Figure 5.7

Number of Critical Incidents for the Positive, Negative and FBI Outcome Groups.

Positive $N = 89$, Negative $N = 35$, FPI $N = 25$.

5.5 Summary

The sample sizes were too small to examine the impact of intervention within the individual programs and even when combining the results across programs extreme caution must be exercised about rejecting the null hypotheses. There were no significant positive changes found between referral and post-program on the TRF measures in the areas of adaptive functioning and the level of psychopathology. How much the student was learning on the adaptive functioning sub-scale showed a decrease. In comparison to referrers' ratings, staff at St Augustine's also noted a significant increase in the students' anxiety and depression once they were in program although this increase was not maintained post-program.

The mean scores for total competence on the adaptive functioning scales and for aggressive behaviour and rule-breaking behaviour, externalising difficulties and total mental health problems remained in the clinical range post-program indicating that many students were continuing to experience clinically significant difficulties in comparison to their peers. The completed data over time was primarily representative of the EMU programs. The intervention this program provided is generally short-term (i.e. four to six months) and less intensive (i.e. for one day per week) than that available to students attending the other programs. As students were often referred to EMU at a time of crisis in their lives, on a positive note it can be said that at least their difficulties did not deteriorate significantly over time, except in the area of how much the students were learning. However staff reported that they primarily rated this dimension in terms of the students' performance at mainstream schools rather than on the day that they were attending the EMU program. Ideally it would have been more reliable to also have their teachers at mainstream school to complete the measures at the in program and post-program phases.

On the SSA the impact of intervention was found to be more promising over all of the subscales except for academic confidence showing positive and significant change from referral to post-program. A mean increase of 39 points in the total score was found between these two time periods. It is unfortunate that in the absence of norms for the SSA measure, the clinical significance of this change cannot be ascertained.

The outcome destination of all students in the sample was also used to assess the impact of intervention. It was found that a total of 89 students (56.3%) experienced a positive outcome destination immediately post-program; these students were maintained in, or

transitioned back to mainstream school or commenced vocational education and training or employment. However, there was a great deal of variation between individual programs. The Primary and Secondary EMU programs that withdrew students from mainstream school one day per week were found to be the most successful. The programs offering students full or part-time alternatives to mainstream school were less successful in returning students back to a mainstream setting, indicating that once students are completely disconnected from the mainstream system it is far more difficult to facilitate their return. Feedback provided by students and parents about service provision indicated that the alternative programs offered students opportunities to develop confidence, learn how to trust adults and understand limits to and consequences of their behaviour. Being treated with respect, offering positive adult role models and the provision of engaging 'hands-on' activities were appreciated. Both parents and students also valued having an advocate on their side when negotiating with staff in mainstream schools.

Negative outcome destinations immediately post-program were experienced by 22.1% of students because they either were not engaged or withdrew from the program. This outcome was experienced by just over 40% of the students attending New St or the YEP programs. The case examples illustrate that extreme anxiety could underlie the reason for a failure to engage. Withdrawing from programs was often a process that occurred over time due to both external circumstances (e.g. conflict at home or homelessness) and/or dissatisfaction with the program. Similarly, at follow-up, the data indicated that the majority of students who could not be contacted or were no longer engaged in education or employment had attended either the New St or YEP program. At the three to six month follow-up period 60% of students who had attended the New St program and 49.9% of those who attended the YEP program were either not engaged in education or training program during the day or could not be contacted.

Immediately post-program, 15.8% of the sample was referred to another program. During the course of the study it was found that 34.1% of the sample were referred onto another program or left St Augustine's at follow-up then were subsequently re-referred for placement. Overall, either prior to or during the study, 39% of the sample attended more than one program with almost 25% of students attending two programs, 12% attending three programs and 2.8% four programs. In examining these referral pathways over time, the rate of re-referral at follow-up primarily occurred with students who had attended the Primary and Secondary EMU programs, raising issues about the length of post-placement

support. While it is positive that 39% of students in the sample were able to access ongoing support in an alternative setting, this finding raises issues of the ongoing planning and co-ordination of interventions both between St Augustine's individual programs and with mainstream schools.

In predicting outcome destinations, students leaving to continue their education were those that presented with less serious mental health symptoms, in particular they had lower rule-breaking and externalising scores on the Teachers Report Form at referral and a higher level of adaptive functioning in the area of 'working hard'. Students experiencing positive outcomes were also those that attended program regularly and for a fewer number of months and were involved in fewer critical incidents whilst attending.

Chapter Six

Results of Case Studies Integrating Assessment and Outcome Information

In this Chapter four case studies are used to synthesise the results of the family and developmental history questionnaire, the WASI and WIAT-II, the Subject-Object Interview and change over time in their mental health symptoms and social and emotional capabilities. In order to preserve the confidentiality of the students, the results are summarised and used as reference points in making comments about the circumstances of individual students.

In the case study sample three students were male and one female. The students commenced St Augustine's when they were aged seven, nine, ten and fourteen. Two students attended one program, one student attended two programs and the fourth attended three programs. The length of stay for students in the sample was between 18 months and 30 months and therefore represented students that attended St Augustine's for extensive periods of time and required further program intervention. Students in the case study sample were referred to the study because they were identified as experiencing ongoing difficulties and therefore the results are not necessarily representative of the student population. However, given the results presented so far and the observations and experience of the researcher in coming to know many of the students and their families well, the circumstances and needs of the students in the case study sample were not unique or atypical.

6.1 Risk factors and significant life events.

Table 6.1 presents a summary of the information obtained about selected risk factors and significant life events experienced by the students in the case study sample including the factors related to outcomes described in the last section. The idea for presenting the information in this way was derived from Hayden (1997) and is used to illustrate the multi-faceted influences affecting the students' development.

In examining the first domain, family background factors, there was a paucity of information available to the workers involved with case study one as this student was removed from home because of abuse and information about his experiences at home were not available. For the other three students, their parents had left school prior to Year 10, none of the mothers were working and one father was employed in an unskilled

occupation while the other was on the Disability pension. Two of the mothers reported experiencing abuse as a child, one involving incest and the other neglect and severe physical discipline, three mothers had been treated for depression and two reported being alcohol and marijuana dependent.

Table 6.1

Risk Factors and Significant Life Events for the Students in the Case Study Sample

Case study	One	Two	Three	Four
Family Background Factors				
Parent early school leaving	?	√	√	√
Parent unemployed	?	√	●	√
Parent experienced abuse as a child	?	√	√	●
Parent mental health problems	?	√	√	√
Parent substance abuse	?	√	√	●
Developmental Factors				
Perinatal difficulties	?	√	√	√
Postnatal difficulties	√	√	√	√
Low birth weight	?	√	√	√
Delay in reaching milestones	?	√	√	√
Individual Factors				
Personal trauma	√	●	√	√
Mental health diagnosis	√	√	√	√
Ability level- low average range	●	●	√	√
Achievement < 30 th percentile	?	√	√	√
Referral and Program Factors				
Physical aggression towards peers	√	√	√	√
TRF Externalising difficulties > 63	√	√	√	√
TRF Rule-breaking > 69	●	√	√	√
TRF Working hard < 37	√	√	√	√
Poor attendance	●	●	●	√
Number of critical incidents > 3	√	√	√	●

Note: √ Present, ● Not present, ? Unknown

Perinatal or postnatal trauma featured in each of the students' histories, including case study one. Three mothers were hospitalised during pregnancy either for a recurrent kidney infection, premature bleeding or toxemia. Two of the mothers went into labour four and six weeks prematurely and required emergency caesareans. One baby was not breathing when born and was revived, another had the cord wrapped around her neck and the third had reportedly been accidentally dropped on the floor after birth. Three of the students weighed under five pounds at birth and spent up to four weeks in a humi-crib and two of the mothers reported that they smoked during their pregnancies. While not attributing any causality of these events to the students' difficulties and their brain development, low birth weight and birth complications are both associated with socioeconomic disadvantage and poor health and education outcomes (Prior, Richardson and Stanley, 2005; Stanley, 2003).

The three parents interviewed described their children as having difficult temperaments during infancy and cited problems in sleeping and feeding, while in early childhood, frequent tantrums, overactivity and being accident prone were reported. Two of the students were described as delayed in reaching developmental milestones, in particular not walking until 18 and 24 months respectively with the reason given that because of their small size the children would be picked up rather than being encouraged to walk.

Individual risk factors included experiencing personal trauma and receiving a mental health diagnosis as a child. Three of four students had suffered significant personal trauma throughout their childhood. One was repeatedly hospitalised and was the recipient of growth hormone injections six days a week for two years until repeated broken bones (as a side effect) ended this treatment, another was severely neglected and physically abused and following removal from home experienced multiple placement changes and caregiver arrangements and the third had been sexually abused over a two year period and went through the trauma of giving evidence in court during the process of convicting the perpetrator. It is noted that while no specific trauma was reported by the mother of the fourth student, his mother did describe a history of fire lighting (including destroying the family car by igniting the petrol tank), stealing money from home and involvement with the police for wandering late at night or for property damage during these escapades.

Three of the students were diagnosed with ADHD and placed on medication. This included one student that was also diagnosed with PTSD. The fourth had been diagnosed as suffering reactive attachment disorder and suspected borderline personality disorder of childhood. All of the students demonstrated behavioural difficulties during their primary school years, in particular being physically aggressive towards their peers. These behaviours continued while attending St Augustine's and three of the students were involved in at least three critical incidents involving violence towards other students. At home, two of the students who lived with their siblings who had also, according to their mother's report, attempted to stab their brothers with a knife.

The risk factors and significant life events identified indicate that all of the students had experienced multiple disadvantages and that their level of psychopathology was severe. However, while each student had a treating paediatrician, only one student was regularly being seen by a mental health professional and receiving therapy. Furthermore, the three mothers interviewed reported difficulties in managing the students' behaviour at home. However none were involved with family support or parenting services although one mother was receiving personal counselling.

The ability level of two of the students fell in the low average range. The scores of the three students assessed for achievement fell below the 30th percentile for word reading, numerical operations and spelling. This includes one student whose scores for all three sub-tests were below the first percentile. The fourth student was not assessed because of his level of distractibility. At referral, the *T*-scores for all of the students fell in the clinical range for the adaptive functioning sub-scale 'working hard' and for externalising difficulties. Three students also scored in the clinical range for rule-breaking behaviour.

Prior to referral three of the students were attending primary school only on a part-time basis, in part because of the mainstream schools' inability to manage their behaviour. It is significant that once at St Augustine's these students attended regularly on a full-time basis, although all spent days at home in 'time out' after being involved in critical incidents. The fourth student was not attending school at all at referral and once enrolled at St Augustine's commenced re-attending, but was expelled within a month and the student's attendance at St Augustine's thereafter was variable.

6.2 Developmental level.

Three of the students were administered the Subject-Object Interview (Carroll, 1986; Lahey et al., 1988). This interview was conducted to assess whether or not there was a mismatch between the students' developmental level as described by Kegan (1983, 1995) and the demands of their environment. For example in the school environment, social and emotional regulation skills such showing respect for other people, understanding other peoples' feelings, co-operating in a group, taking turns, controlling impulsive behaviour and perceiving school rules as fair and reasonable are generally expected. Some of the programs at St Augustine's also use journal writing as a way of students documenting their feelings and behaviour with events they have participated in each day. Ratings of their behaviour may be used to determine their daily and future involvement in choosing, and participating in activities or rewards for positive behaviour. This use of journal recording assumes that students have the capacity to sequence and reflect upon their feelings and behaviour and that they can delay immediate gratification in return for future rewards.

The process of assigning the students' developmental level from the Subject-Object Interviews was a complex process that involved peer discussion and review with three others experienced in the scoring methodology described by Lahey et al (1988). It involved carefully analysing segments of the interview transcripts for evidence and examples of each category or categories and then arriving at an overall rating by consensus. A brief summary of some of the distinguishing factors present in the first five of the nine evidentiary dimensions considered in determining the students' developmental rating are presented in Table 6.2.

Table 6.2

Examples of Categorical Evidence Used in Determining the Developmental Level of Students in the Case Study Sample

	Case Study One	Case Study Two	Case Study Three
Age at interview	9	10	14
Developmental rating	1(2)	1/2	2/1
Sample of categorical evidence used.			
Control over body during the interview	Showed distractibility throughout	Showed some distractibility	Concentrated and controlled throughout
The extent the child can retell the story as a logical sequence of events	Approached the story as a game and unable to retell the story. Questioned whether or not the story was real and engaged in fantasy and play	Was able to partially retell the story but the interviewer needed to provide frequent prompts	Able to follow the logical sequence but used concrete and literal reasoning
The extent the child can exhibit a sense of self or other that endures over time i.e. feelings now versus before or later	Demonstrated some ability to possess an understanding that personal feelings can endure over time	Was able to distinguish between past and present feelings	Saw himself as having stable qualities and feelings but these were needs-based and instrumental
When directed to discuss other/s in a non-personal situation, the extent to which the child brought himself into the discussion inappropriately	Was unable to distinguish how the feelings or experiences of others may be different to his own	Inappropriately talked about own experiences when asked questions about the other's feelings.	Could adopt another's perspective but was focused on conveying his own experiences
The extent to which self and/or others are talked about in terms of actions or changeable and self contradictory qualities or as stable features that persist over time.	Was able to identify that a person can have two contradictory feelings at the same time but relied on tactile sensations to describe feelings	Primarily saw feelings as changeable and was unable to understand how sadness for example can endure over time.	Is aware that one can experience contradictory feelings but unable to recognise or understand the experience of sadness.

Kegan (1983, 1995) argues that children aged approximately between two to six years are at the Stage One level of functioning and between six years to adolescence Stage Two increasingly becomes predominant, if not obtained by adolescence. The students interviewed were aged nine, ten and fourteen at the time, however as Table 4.30 indicates for each student, Stage One and Stage Two meaning making was present but to different degrees in terms of the level of disequilibrium in their subject-object structure. The student in case study one was nine years of age at the time of the interview but was functioning overall at the 1 (2) level. This rating indicated that the student was predominately functioning at Stage One with some elements of Stage Two being present. That is, Stage One meaning making was ruling his experiences but there were signs of Stage Two emerging and this can be seen in the examples provided in Table 4.30. For example, he had particular difficulties in controlling his body movements and concentration throughout the interview (Stage One) but was able to identify that one can hold two contradictory feelings at the same time (Stage Two). The student in case study two received an overall rating of 1/2, which indicated a disequilibrium developmental position evidenced by the two subject-object structures existing in relation to each other. For this student, the older structure of Stage One was being transformed with the newer Stage Two structure. The third student aged fourteen, demonstrated that Stage Two thinking was ruling his experience and thinking but that elements of the Stage One structure were still present and his interpretation of events and the intentions of others were both literal and needs based.

The implications of the results of the Subjective-Object Interview with case study one are described to illustrate how the difficulties experienced in managing his behaviour in the classroom can be better understood in the light of his developmental capacities. The difficulties reported by his teacher on the TRF were that "this student has a propensity to explode at perceived injustices. His game playing is constant and everything he does is in terms of a game or imaginary audience. He will persevere on a task he is enjoying and gets upset when asked to stop. Tantrums occur when he considers staff have lied or have let him down and no amount of reasoning helps. He also tends to hit out, run or hide when angry".

Case study one was predominately functioning at the Stage One level and as such was unable to distinguish how the experiences or feelings of another person may be different to his own. Therefore, even though he was verbally skilled and highly expressive, he

would not be able to logically reason with another person. His tantrums in this light can be seen as the result of the inability to hold two conflicting impulses simultaneously (e.g. I want to play here and my teacher wants me to stop). Difficulty distinguishing between fantasy and reality predominated during this student's interview. His tendency to play games is understandable as he is confusing the demands of the environment with his own inner thoughts and feelings and his primary desire to play and explore. Given that he is not at a point where he can understand or take into consideration other people's points of view, his interactions are still operating at the level of simple mutuality (i.e. tit for tat). This is evident in his concern for fairness in relation to rules, games, timing and taking turns. With little control over his emotions, his reactions still tend to be instinctual or fight or flee responses, such as hitting out, running or hiding to avoid the immediacy of unpleasant feelings or the disapproval of others.

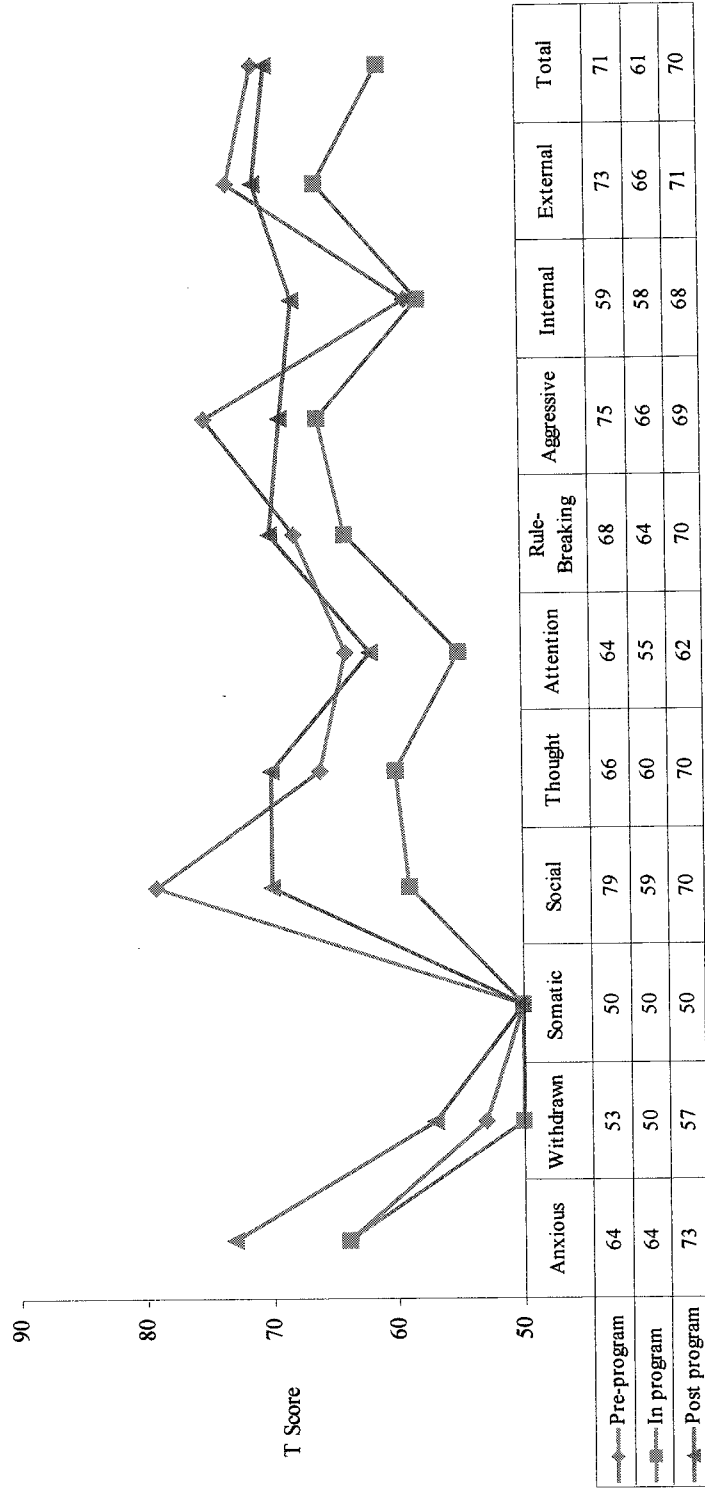
There was evidence however, of the ability to start to connect with his feelings as 'object' and reflect on them. For example he reported that he knew that he could feel sad for a long time. Suggested interventions with this student would be aimed at developing inner controls and the self-regulation of his emotions. Strategies could include encouraging him to explore and name his feelings, to connect his feelings with events, to focus on using frequent reflection, to praise his actions and to provide plenty of opportunities for experiencing positive feelings and mastery in games, stories and play (Woods, Davis, Swindle, & Quirk, 1996).

6.3 TRF and SSA results over time.

The results of the completion of the TRF over time for each student are presented in Figures 6.1 to 6.4 and for the SSA in Figures 6.5 to 6.8. Figures are not presented for adaptive functioning as the students' total competence scores all fell in the clinical range at each rating period. For the students in case studies one to three, the same teacher completed the TRF and the SSA on the second and third occasion while for case study four the ratings were made by a different teacher on each occasion. After 18 to 30 months intervention TRF externalising and total problems scores remained in the clinical range for all four students. Internalising difficulties were in the clinical range following intervention for three students. The scores of two of these students (case studies one and three), increased from being in the normal range pre-program to the clinical range post-program. This indicated increasing comorbidity between their affective and behavioural problems over time, accounted for by increases in their anxiety/depression and thought

problem scores. These results are difficult to interpret but may indicate that programs were paying insufficient attention to the students' negative cognitions given that there were increases on items referring to how often the student worried, felt self-conscious, worthless or unloved.

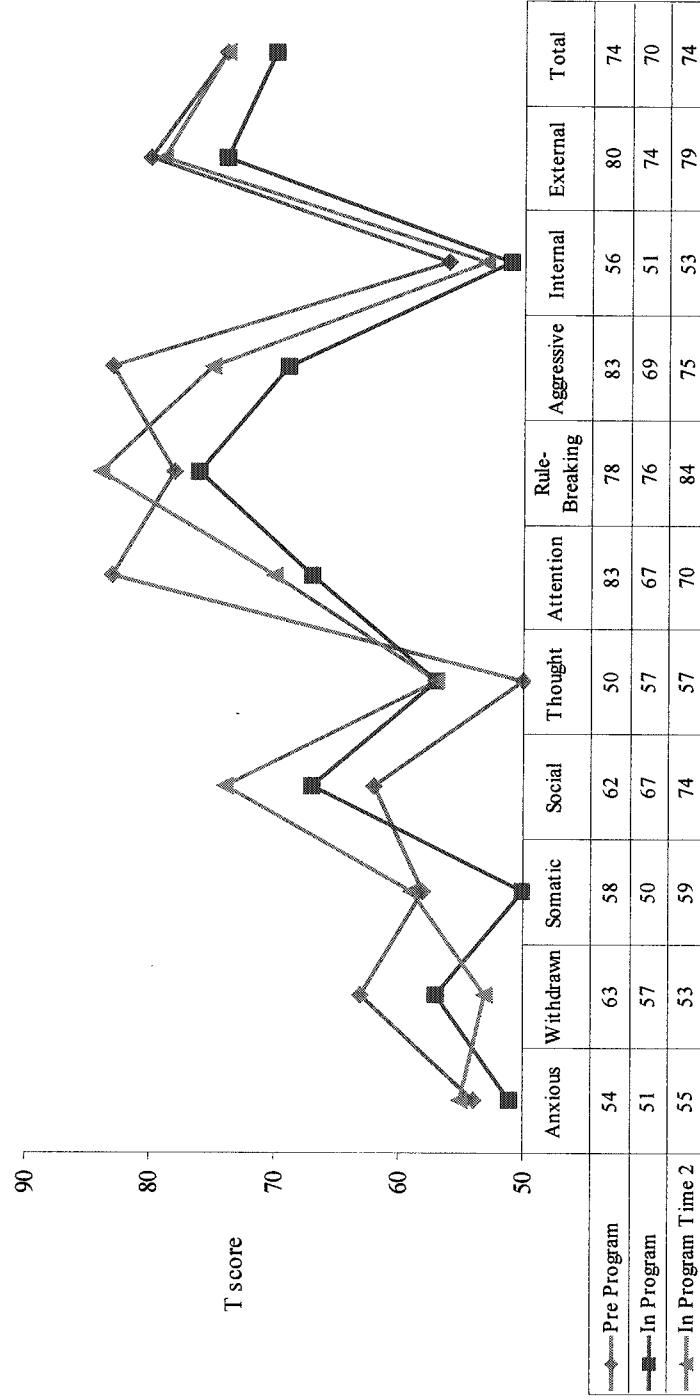
With respect to the other syndrome scales, the TRF scores indicated there was variability between scores over time for the individual students and it was difficult to discern any consistent patterns. Two of the students (case study two and four) showed a decrease in scores for attention problems, although they remained in the clinical range. Decreases in scores for aggressive problems were also evident in case study one, two and four. For case study four this resulted in moving into the normal range for aggressive symptoms. This is significant given the scores for six of the eight syndrome scales remained in the clinical range post- program. For this group of students the results indicate that program intervention had most impact on their attention and aggressive problems, however, for three students their rule-breaking behaviour remained clinically significant.



Note: Clinical range >69 for the syndrome scales and clinical range >63 for internalising, externalising and total problems

Figure 6.1

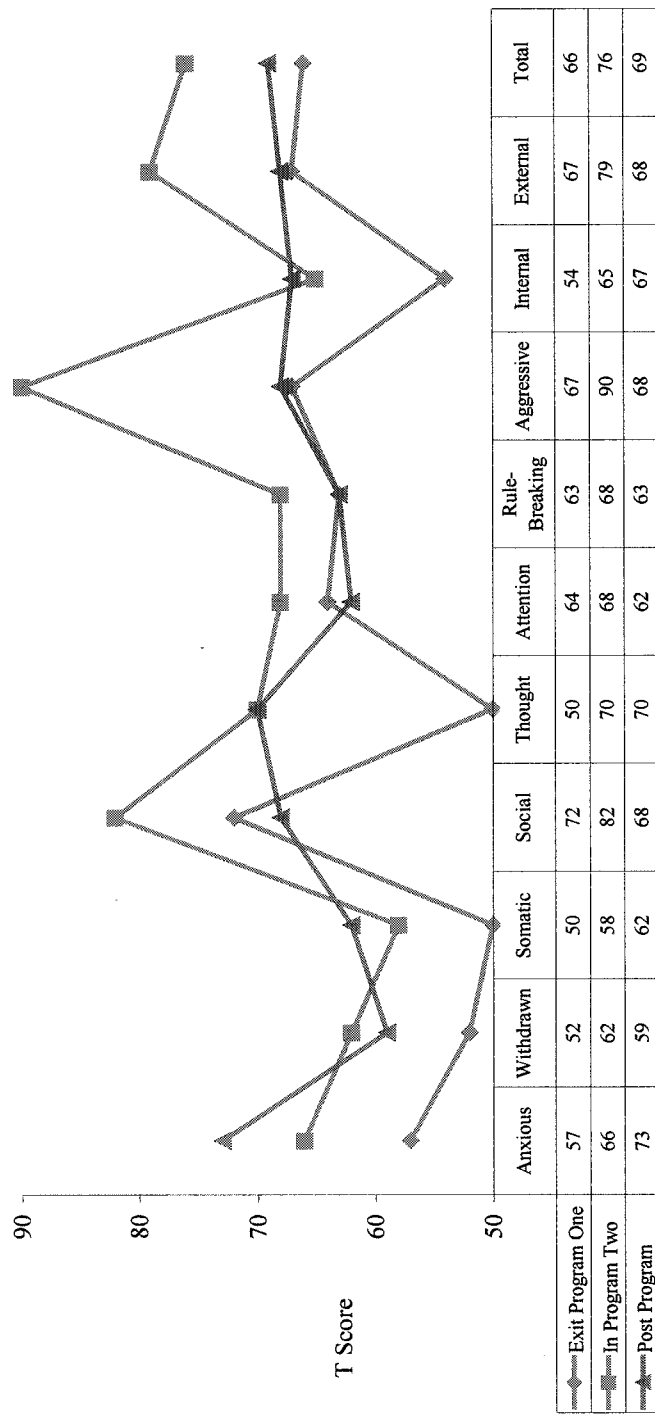
TRF Results Over Time for Case Study One



Note: Clinical range >69 for the syndrome scales and clinical range >63 for internalising, externalising and total problems

Figure 6.2

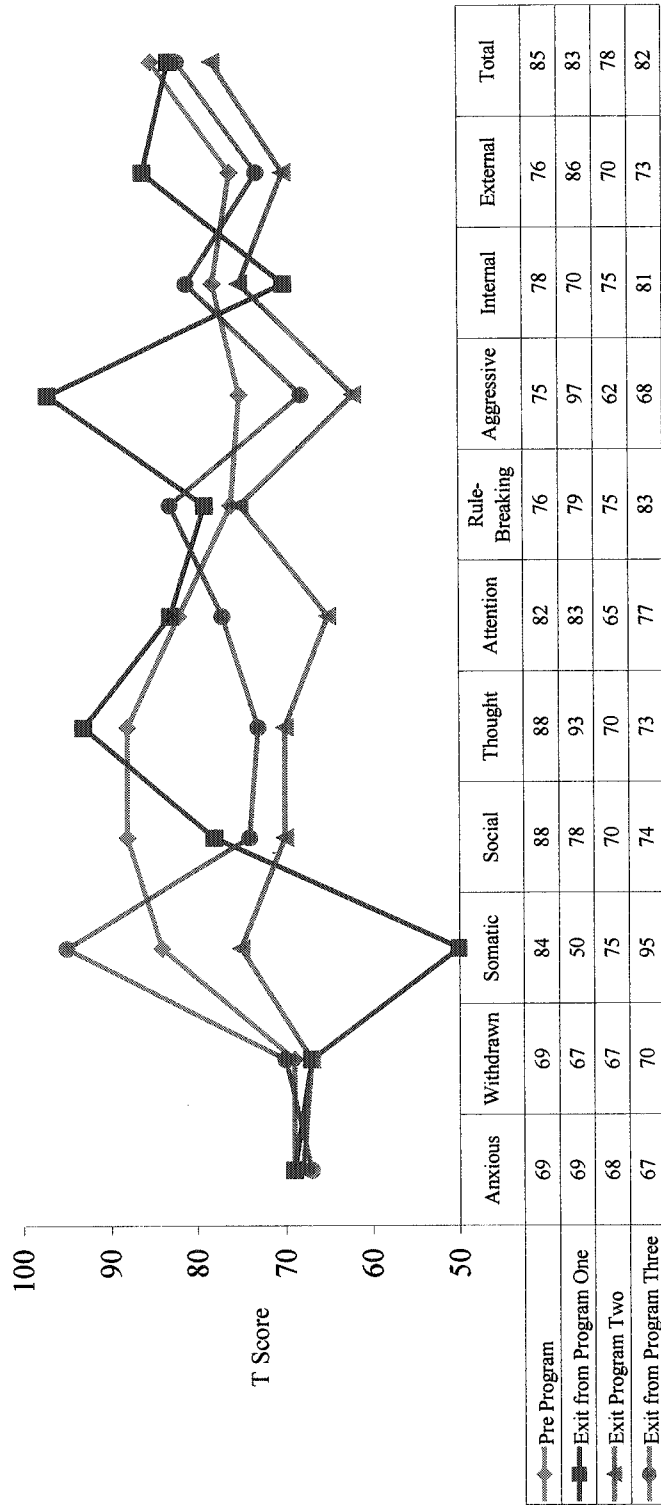
TRF Results Over Time for Case Study Two



Note: Clinical range >69 for the syndrome scales and clinical range >63 for internalising, externalising and total problems

Figure 6.3

TRF Results Over Time for Case Study Three

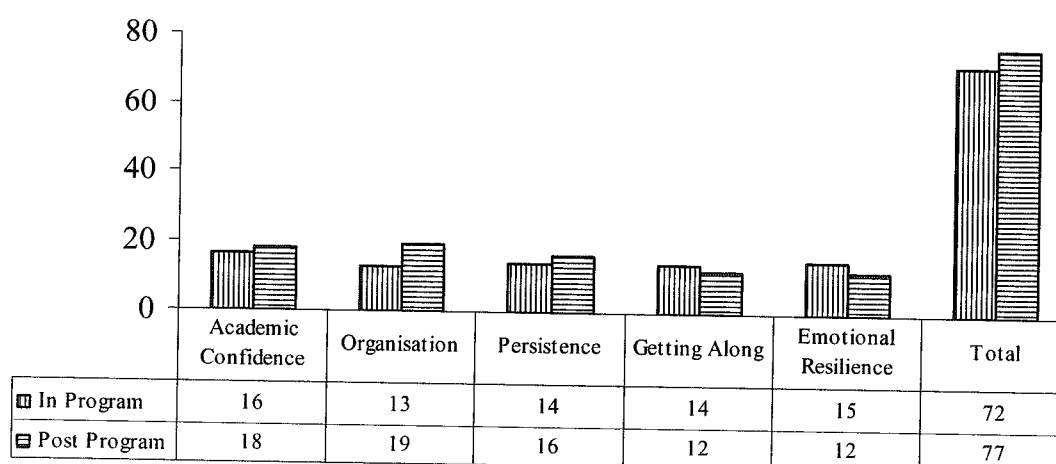


Note: Clinical range >69 for the syndrome scales and clinical range >63 for internalising, externalising and total problems

Figure 6.4

TRF Results Over Time for Case Study Four

The results of the SSA over time indicate that only one student, case study three, showed a dramatic improvement in his total score over time; there was an increase of 10 points for organisation, persistence and getting along with others between his in program and post-program scores. A marginal increase between in-program and post-program scores was found for one student (case study one), while two students showed a decrease in their scores over time (case study three and four).



Note: Pre program data was not available for this student.

Figure 6.5

SSA Results Over Time for Case Study One

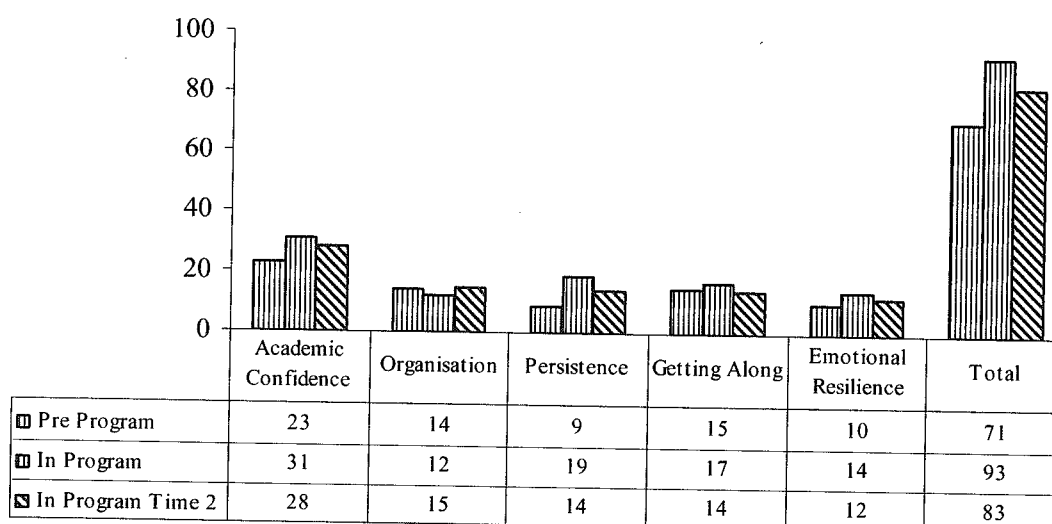


Figure 6.6

SSA Results Over Time for Case Study Two

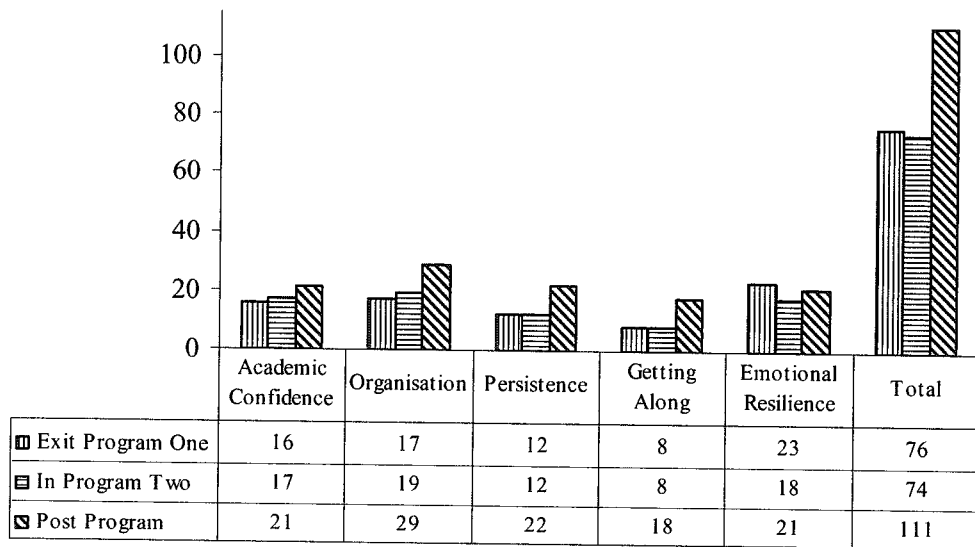
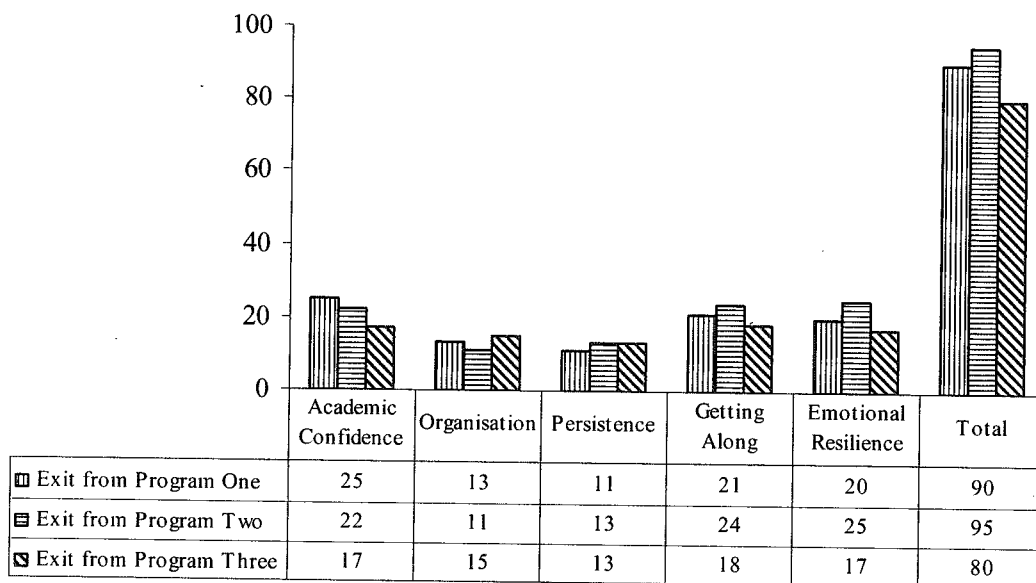


Figure 6.7

SSA Results Over Time for Case Study Three



Note: Pre program data was not available for this student.

Figure 6.8

SSA Results Over Time for Case Study Four

6.4 Summary.

An examination of the background experience of students in the integrated case study sample found they had experienced cumulative risk factors during their lives and were presenting with a very high level of psychopathology. Despite this only one student was receiving therapy from a mental health professional and none of the parents were receiving family support or parenting advice to assist with behaviour management. The students' attendance in mainstream school was poor but once attending St Augustine's they were able to be maintained on a full-time basis, indicating that the programs were able to both engage the students and manage their behaviours.

The developmental level assessed by an analysis of the subject-object structure used by three of the students indicated that they would struggle with the demands of school and the broader social environment, particularly in controlling their impulsive behaviour and understanding the complexities of relationships. One student was primarily impulsive and experienced extreme difficulty with emotional self-regulation, the second had some control over his impulses but was only beginning to understand that others have experiences, thoughts and feelings separate to his own, while the third was able to adopt another person's perspective but his interactions with others were primarily instrumental and centred on his own needs rather than having consideration for the intentions or feelings of others.

The results of the TRF over time indicated that while program intervention did improve the students' level of attention and aggressive problems, overall students continued to function in the clinical (disorder) range for externalising difficulties and for their total number of mental health symptoms. Of concern was the increase in the comorbidity of clinically significant affective problems in conjunction with behavioural problems for two students despite program intervention. The TRF and subject-object assessments highlight the need to understand how the students make meaning of their world and to listen to their private logic, in particular to any negative cognitions they hold about themselves.

The results of the SSA indicated that program intervention only had a positive impact on one student's level of social-emotional development and of concern was that the scores for two students actually decreased. The picture formed by integrating the data obtained from the students involved in the case studies is that these students will continue to experience difficulties in their intrapersonal and interpersonal lives and given their difficulties with social, emotional and behavioural regulation, their prognosis looks bleak.

Chapter Seven

Model of Psycho-educational Intervention.

This chapter provides an overview of the model of psycho-educational intervention used at St Augustine's. A definition of psycho-education is provided and existing policy and program documents are used to describe the framework parameters for the delivery of services. Themes identified from the interviews with staff are then used to describe their theory of change and the interventions they believe make a difference in meeting the needs of their student. Parents and students were also asked a range of questions about what they liked and appreciated about St Augustine's and examples of positive feedback are provided where they fit into the themes being described. Examples from program materials are also used to illustrate the rationale and practical application of the model. Finally, the theoretical influences on the model are presented and discussed. It is noted that in describing the model, a range of issues were identified by staff as being barriers to effective service delivery. These matters are thoroughly discussed in the next Chapter but are flagged in the text where relevant.

7.1 Defining the psycho-educational approach.

The term psycho-education is rarely used in contemporary literature on alternative or special education programs, however it was thought appropriate to use in the study as it denotes that programs aim to meet both the affective and cognitive developmental needs of students. The psycho-educational approach is defined by the following criteria: the extent to which therapeutic ends are balanced with education, the centrality of the role of the teacher as the enabler of change, the importance of structuring the social and physical milieu, the use of restorative curriculum to promote both personal growth and development and to change the students' feelings about learning and finally, the influence of multiple theories of change on the interventions adopted to meet the needs of students (Demibinski, Schultz and Walton, 1982; Rezmeirski, Knoblock, & Bloom, 1982; Rich, Beck, & Coleman; 1982). On the last point, Wood, David, Swindle, & Quirk (1996), note that the term psycho-education can also be used more generally to denote any model that integrates knowledge from psychology with education in defining the parameters for effective intervention.

fundamental precept of intervention was the balance and dynamic interplay between education and therapy and the role of the teacher as the primary agent in promoting psychological well being. That is, the process of education was associated with the psychological process of therapeutic support and the model emphasised that the teacher “plays an active role, not only as educator, but as a counsellor, a group worker and an advocate” (Rich et al, 1982, p. 133).

Since the 1980’s, Rezmeirski et al (1982) note that in general with the shift away from mental health-based delivery of services to school-based educational programming, “more attention was given to academic achievement and to behavioural models of intervention rather than to the total functioning of the student and the importance of their emotional growth and development” (p. 56). Therefore, they argue the emphasis on therapeutic intervention to promote the students’ sense of psychological wellbeing has become less pronounced as the focus is on changing behaviour. In the psycho-educational approach on the other hand, the tools of education within an educational setting are not solely used to promote achievement or behavioural compliance but to narrow the gap between meeting the psychological needs of students and the environment’s ability to meet those needs in promoting their developmental growth.

It is acknowledged that the intervention approaches depicted in Figure 7.1 represent a broad sweep of historical distinctions from the 1950’s to the 1980’s and exclude the early development of ecological approaches such as Project ACE (Lloyd, 1973) or Project Re-ED (Hobbs, 1979; 1982; Reed, 1978). In the 1990’s other integrative approaches that could be described as psycho-educational have also been developed according to Wood et al’s (1996) definition of psycho-education. However, other than the model of ‘Developmental Therapy-Developmental Teaching’ (Ibid, 1996), many of these approaches, for example multi-systemic therapy, multi-modal mental health interventions or wilderness therapy, for example are located more on the treatment end of the continuum. They are not necessarily based in alternative educational settings, nor do they conceptualise the teachers’ relationship with students as a primary enabler of change.

In discussing the goals of intervention at St Augustine’s, all staff talked about the primary purpose being to improve the students’ self-esteem, to develop a positive self-concept and to counteract feelings of failure and worthlessness. Furthermore, in the theory of change espoused by staff, the students’ sense of wellbeing and the experience of pleasure in

learning were seen as a necessary precursor to and as important as academic achievement. For example: *“the biggest goal is to work on their self-esteem and how they feel about themselves and about learning because that underpins everything else”*(ID 16, 1, 2). There was an issue between staff about the extent to which learning academics is afforded priority, with the focus on the students’ personal and social outcomes in the delivery of the model and this issue is discussed in the next section. Nevertheless, there was clearly a recognition by staff at St Augustine’s that the psychological wellbeing and the education of students both needed to be addressed by program intervention and therefore the model adopted can be described as psycho-educational. This conclusion is further supported by St Augustine’s program documentation, the themes used to develop and describe the model, the individual program materials used to illustrate the application of the program components and the multiple theoretical influences on the interventions used. Each of these areas will be described in turn.

7.2 Framework parameters from program documentation.

During the course of the study, staff at St Augustine’s engaged in an extensive consultation process to develop a Curriculum and Standards Framework (CSF), (St Augustine’s, 2002) and a Student Welfare Policy (St Augustine’s, 2003) to provide the parameters for service delivery across all programs. The CSF (2002) is designed to describe the goals of program delivery and how this is achieved through the curriculum provided. This framework describes the overarching goal of service delivery as enhancing the resiliency of students by the provision of three core program components. These are:

1. To provide supportive and secure relationships in a caring and non-threatening environment,
2. To provide individual instruction and planning based on the students’ social and personal needs and,
3. To provide opportunities to participate in experiential, practical activities that are related to the real world (Ibid, 2002, p. 13).

As the above indicates, the approach to service delivery is characterised by the importance of relationships, needs based individual instruction and planning, and opportunities for experiential and practical learning. To complement the CSF, the Student Welfare Policy (2003) outlines the principles underpinning service delivery, features designed to promote student welfare and how the policy is to be implemented. The

Student Welfare Policy is presented in Table 7.1. In keeping with the psycho-educational approach the goal identified is to encourage the development of resiliency in students and to enhance their social-emotional competence by recognising individual learning needs and implementing a program structure, which provides a supportive milieu and a proactive rather than reactive approach to behaviour management.

Table 7.1

St Augustine's School Welfare Policy

Introduction

Through the fostering of positive relationships between staff, students and their communities, an environment is created based on trust, mutual respect and participation that encourages the development of resilience in students. An integral component of this includes the incorporation of academic, physical and personal development activities into a curriculum that promotes social and emotional competence.

Our School Welfare Policy is based on the following principles:

- Respect for people and property
- Engagement in activities that are safe and legal at all times
- Participation in the respective programs

Key features of the School Welfare Policy

- A staffing model which features a partnership between teachers and youth workers
- Small staff/student ratios based on the needs of the individual student groups
- High quality relationships based on trust, co-operation and partnership between staff, students, their families and communities
- All learning experiences conducted by appropriately qualified instructors and aligned with the requirements of the Curriculum Standards Framework to ensure that quality learning experiences occur in a safe environment
- The assessment and development of an understanding of each individual student so that possible difficulties are anticipated before they become acute
- The development of preventative strategies to manage student behaviour

Implementation

The welfare of the student is a priority in all programs. Individual student needs are considered and plans developed in conjunction with students, parents and other professionals where appropriate based on a behaviour management system which:

- recognises different needs and developmental levels
- develops a positive learning environment
- identifies priority goals and strategies for achieving these
- develops in each student a sense of responsibility and self-direction
- clearly articulates rewards and consequences

Source: School Welfare Policy (2003).

7.3 Model development derived from staff themes.

This section presents the results of dimensions and themes identified from the staff interviews together with the use of individual program materials to illustrate the application of the model. The main dimensions and supporting themes derived from the interviews to describe the model are presented in Figure 7.2 and the raw data to support these themes is provided in Appendix L. In general the dimensions and themes were found to be highly consistent with St Augustine's CSF (2002) and the School Welfare Policy (2003) and provided a means of further elaborating on what staff saw as the rationale for the delivery of key program components.

7.3.1 Staff expectations of students.

The first dimension was the staff expectations of students attending St Augustine's. Except for St Helen's where parents sign a contract that they will agree to send their child on a regular basis, arrive punctually and allow their child to participate in school activities, there is an expectation that students will make a voluntary commitment to attend and participate in programs. In the past, staff explained that students placed in residential care with St Augustine's Adolescent and Family Services or Mercy Family Care, who were unable to attend mainstream school automatically attended St Augustine's programs or when New St in particular worked more closely with students involved in criminal activities, the courts would order young people to attend programs as a part of their probation. Staff found that as a result of involuntary attendance, students were often resistant and uncooperative. Therefore they changed their approach to emphasising that it was the students' choice to attend with an underlying rationale that: *"it is a voluntary programme; they have to have a choice to be here or not. If it is someone else forcing them to be here, like mum or dad then that's a problem"* (ID 8, 2, 5) and *"they have to share in the decision-making for being here, and they don't get anything out of the program if they don't want to be here"* (ID 14, 1, 4).

Practices to support voluntary commitment include ensuring that the student is aware of the referral to St Augustine's, providing information sessions where students and parents can find out more about the program before making a commitment and participating in a number of induction days (usually three to five days) where students attend on a trial

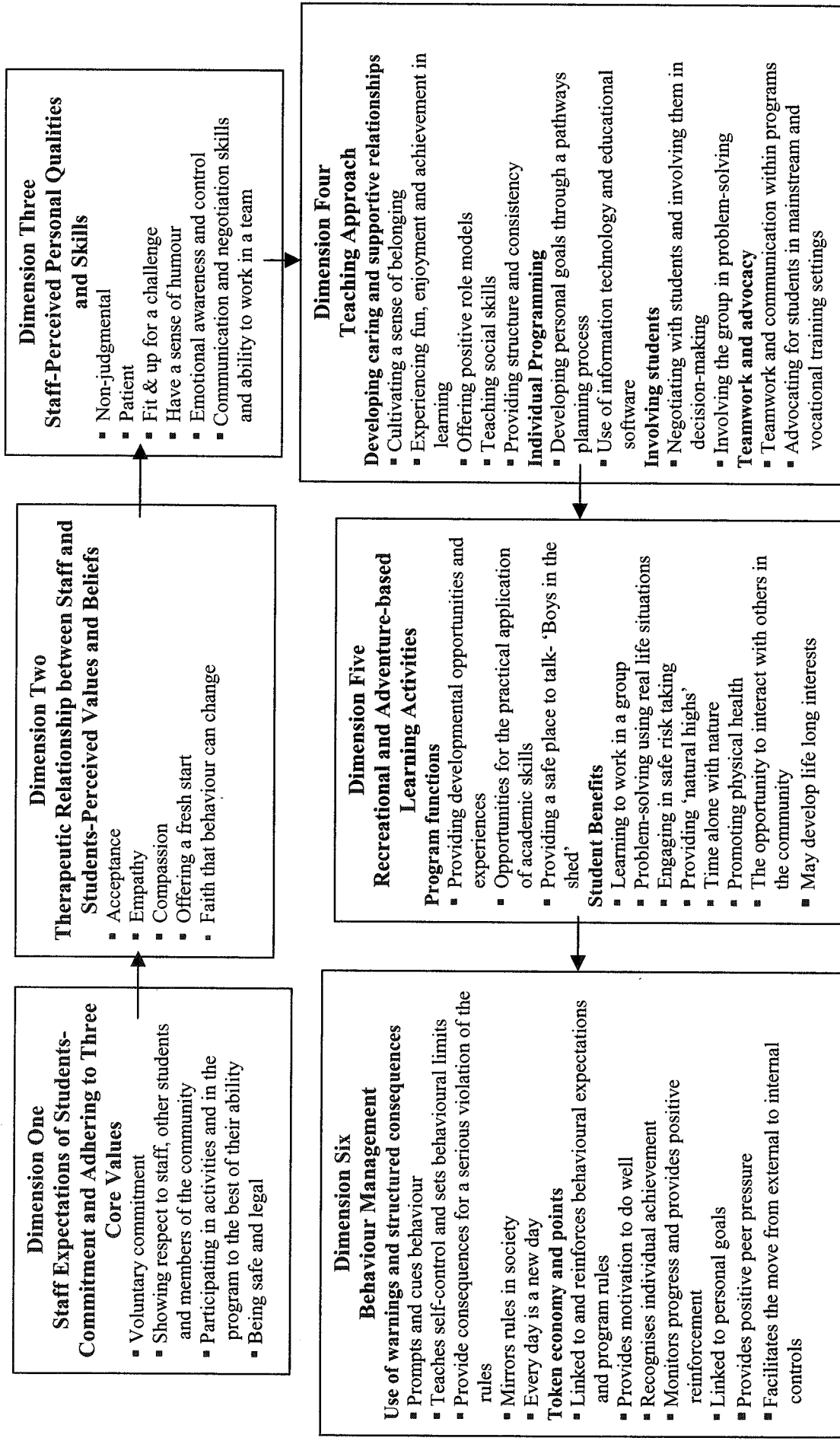


Figure 7.2
Dimensions and Themes Identified from Interviews with Staff to Articulate the Model of Psycho-educational Intervention

period prior to enrolment. While enhancing motivation and engagement prior to enrolment is important, giving students a choice to attend when they are under school leaving age does however, raise a number of policy and program issues that are discussed in the next Chapter.

As indicated in the Student Welfare Policy (2003) all programs at St Augustine's are underpinned by the philosophy of three core values: respect, participation and safety. These values were identified by staff as being their primary expectations for students and are reflected in all facets of how programs are delivered, from the individual goals negotiated with students and their families and the behaviour management strategies utilised, to the manner in which staff relate to one another and to students. With the exception of St Helen's each program has developed a different contract, which is signed by the student upon enrolment that says that they agree to adhere to these rules or guidelines (note that some programs use the word rules and others guidelines).

An example of the guidelines agreed to by students attending 'The School' is provided in Table 7.2. It is noted that the written description of these guidelines may be beyond the reading level of many of the students, for example the use of words such as 'participation' or 'regulations.' Concepts such as 'communicate in a respectful manner' are also likely to be too difficult for students to comprehend.

Table 7.2

Student Guidelines for Attending 'The School'.

Preamble

Unlike other schools, we don't have heaps of rules and regulations that you need to remember and obey. We operate on 3 basic guidelines, and as long as you do your best to follow them you will do well by scoring good points and getting all the rewards that go along with them!

Respect

Treat other people in the program in the way that you would like to be treated.

Take care and be careful around other peoples' property and belongings.

Communicate to others in the program in a respectful manner.

Respect yourself.

Keep your hands off other people who participate in the program. If you have a problem with another person on the program or the program itself try and communicate that in a respectful manner.

Participation

When you decide to show up for school for the day it is expected that you participate to the best of your ability, basically if you show up to school it is expected that you are ready to participate in the activities running for the day.

Sometimes there will be things on the timetable for the day which will have filled up early and your choices may be limited we still expect you to have a go, trying new things can be a great experience and stop you being bored.

If for some reason you are unable to attend the program for the day, it is asked that you give someone a call at the school and let them know. Try to ring before 9.30am and you won't lose any points.

Basically, give everything a go while you are at school, it doesn't matter if you are not the best at it, as long as you are trying and having fun.

Safe and legal

While you are attending the program we often do activities that have certain safety and legal requirements, for example surfing or rock climbing, while participating in these activities we ask that you wear safety gear that is required and listen and carry out any specific instructions. This will make sure you are safe while participating in the program. We also ask that you don't bring anything that is illegal or unsafe to the program. This includes weapons, drugs and alcohol.

Basically all activities and your general participation in the program is expected to be carried out in a safe way.

Source: St Augustine's School Induction Package (2003)

7.3.2 The role of the teacher.

St Augustine's employs both teachers and youth workers who work in small teams but in describing the model the word 'teacher' is used to describe the role and work of both teachers and youth workers unless otherwise specified. There were issues raised by staff in integrating the different approaches of both professions but these are discussed in the next Chapter.

7.3.3 Developing caring and supportive relationships with students.

The primary theme identified as fundamental to the teaching approach used at St Augustine's was the role of the teacher in developing caring and supportive relationships (see Dimension Four). Outside of the family, teachers spend significant amounts of time with students and an important principle of the psycho-educational approach is that interventions are most effective when they occur in the students' 'life space' in a supportive milieu. Most students attending St Augustine's have experienced very negative relationships with authority figures and have learned to associate adult intervention with rejection. The teacher's role in this approach is to promote change by developing supportive interpersonal relationships with students. This primary importance of relationships is illustrated in the following staff quote:

The most valuable thing any person working with these children has to offer is a supportive relationship. The students will improve their sense of their own self-worth when they find someone is prepared to invest time and 'personness' with them. The school has many resources and things to share with its students but the most valuable resource it has is its staff and the relationships they are prepared to offer to the students. This relationship comes before any structure, task or academic performance. Rehabilitation takes place in the context of these relationships, the other programs merely back up and reinforce this (ID 11, 2, 1).

The parents and students interviewed overwhelmingly gave positive feedback about the staff and said for example "the staff are wonderful they really care" (parent) and "the teachers are different here, they care about you and make you feel okay about yourself" (student).

7.3.4. Perceived values and personal qualities of staff.

To underpin the development of caring and supportive relationships, the values of acceptance, empathy, compassion for students (see Dimension One) and the personal qualities of staff in being able to be patient and non-judgemental were among the themes identified (see Dimension Two). Acceptance was seen as important as in their mainstream environments many students had developed negative perceptions about themselves and a sense of isolation from others. Therefore, staff said that: *“the primary condition for developing an atmosphere in which they can trust is the assurances from adults that they are wanted, accepted and liked by us. They need somewhere they can come and be treated just like all the rest”* (ID 12, 1, 3). In accepting students the ability to empathise with students and to be non-judgemental was seen as an important corollary by staff, that is: *“to have an understanding of their experiences; their feelings and what it is like for them and also their background and what they have come from and how that might influence the way they react and think about situations”* (ID 15, 1, 5) and *“to leave your values behind”* (ID 11, 4, 8).

Parents and students interviewed generally felt accepted and welcomed by staff. In the following quote one parent used the metaphor of an envelope to describe the inclusive approach:

It's just a very open, friendly but that's probably not the right word to use. I think it's like an envelope, everybody fits inside whereas in mainstream, he slowly got excluded from the envelope, and the further away he got the more different he felt (Parent ID 28.2, 1, 8, 5).

Also important was the ability to be patient and emotionally controlled. In the psycho-educational approach, students with challenging behaviours are conceptualised as lacking appropriate coping skills to manage their feelings and thoughts and when under stress they will act in ways to buffer their painful feelings, usually with negative behaviours such as flight and fight responses. These behaviours usually are viewed as negative by others and without patience, personal awareness and emotional control can result in teachers reacting negatively and engaging in conflict cycles and power struggles with students (Long, Morse & Newman, 1965; Long, Wood & Fecser, 2001). Personal control in stressful situations was seen by staff as requiring: *“enormous patience and not to take it personally when you get abused and called everything under the sun”* (ID 9, 3, 5).

Having a sense of humour at times was also seen as important in: *“being able to laugh and sometimes use humour as it is a really important way of defusing a situation”* (ID 20, 3, 4).

Emotional control and personal self-awareness were also seen by staff as skills that needs to be learnt as illustrated by the following experience:

Some of these kids are experts at pushing other people’s buttons and getting them to react. But you know you need to be able to have a kid chest up to you and to not feel agitated by that. I seem pretty laid back about it now but last year that internal control wasn’t always there, so you need to have the skill of being emotionally controlled, you need to be showing them that you are calm on the outside even if you’re not. The TCI stuff helped me with that, to be aware of my personal triggers and not to get into conflict cycles with the kids. You have to stand back and let them do the talking which is not a skill that comes naturally when they are really challenging your authority. (ID 7, 4, 4).

Providing a ‘fresh start’ and faith that behaviour can change were two other key values identified by staff in their model of working with students (See Dimension One). Since the majority of students have experienced significant trauma as a result of repeatedly being suspended or excluded from their former school, reminders of past problems were seen as serving no purpose other than to kindle feelings of failure and resentment. Furthermore, teachers within the mainstream system often regard the behaviour of students as ‘beyond hope’ or that the students are resistant to change. Students on the other hand, often feel shame and a sense of personal inadequacy because of their personal experiences of being singled out and may lack a vision for the future. In providing a fresh start, it was understood that this involves tolerating selected behaviours or providing for ‘learner’s leeway’ (Long, Morse and Newman, 1965). For example, for staff this meant *“not to be pinning them down all the time, just to let them have their escape clauses”* (ID 12, 2, 3) and getting to know the student rather than jump to conclusions. For example:

Getting to know the young person is important, like we had one just start 2 weeks ago and I think for us, we got so many reports about how bad he was and for us that just outlined why this kid was seen as just such an enormous monster. Whereas after just spending two weeks with him and not making him come to talk to us every two minutes and just letting him feel comfortable here

and just observing him rather than trying to jump on him to try and change him, we are as a result finding a different young man from all the reports (ID 11, 4, 3).

Both students and parents also identified being offered the opportunity to start afresh as important and this value was highly appreciated. For example:

being here is a lifesaver, that's for sure and I don't know where I would be without St A's. Like at school I was always treated like the odd one and I had a real bad reputation and I was always picked on and expected to be in trouble but here they like me and know that I can do good things and don't remind me about my past" (Student ID 25.1, 1, 2, 4) or, each new day is a new day and everybody has a bad day and good day and they just went with the flow. It didn't necessarily carry on to the next day as it did in his experience in mainstream. He'd do something wrong one day and it was still there the next day and he wasn't allowed to live it down. Here it is different"(Parent ID 28.2, 1. 4, 7).

Many of the parents themselves also expressed a sense of relief when their son or daughter started at St Augustine's because they had been tarred with the same brush in that they were seen as 'bad parents of bad students'. As one mother commented:

here it was different, he was going somewhere where all the parents had experienced the same sort of difficulties and you weren't treated any differently from other parents. Whereas before, I just dreaded the phone ringing and having to go up to the school with everyone thinking, 'Oh here is so and so's mum again', I would just want to shrink into a ball sometimes I felt so bad, like his behaviour was a reflection on me or somehow I was to blame (Parent ID 31.1, 1, 5, 6).

Furthermore, a primary principle of the psycho-educational approach is that change is promoted by the interpersonal interactions that occur between teacher and students whereby teachers come to be seen by students as a valued source of expectations and corrective feedback. In the teaching approach (see Dimension Four) working together in small staff teams "*to ensure that we don't have too many staff on so that the young people are not relating to too many people*" (ID 20, 5, 4) was seen as critical in cultivating a sense of belonging to the group and providing students with positive role models. Parents

and students also felt that working in small groups was extremely beneficial in developing close relationships, for example, *“he really looks up to (name of staff member) he is a bit like a father figure and he actually pays attention to what he says and really gets along with him. This couldn’t happen when he was just one of 25 in a class”* (Parent ID 41.2, 1, 3, 2).

7.3.5 Involvement of students and teamwork.

Another role played by teachers in the psycho-educational approach is to develop an atmosphere of understanding and cooperation, rather than control and competition (Vorrath & Brendtro, 1974). Staff themes in the teaching approach about involving students (see Dimension Four) described this as being able to implement an approach of ‘guided democracy’ where students were involved in negotiation with staff in decision-making. This is illustrated in the following statement:

Well, what is unique with the program is that we are actually treating the students like young adults, you are giving them choice and are asking them to make decisions and letting them see the effects of those decisions, like its about teaching them responsibility for what they do and how they do it. I think its group work and learning how to co-exist with other people and that comes in with encouraging young people to negotiate issues and to talk them out rather than having a tantrum. So, it’s like a guided democracy, there are rules but the more that they can contribute, they shouldn’t expect to get exactly what they want, but the process of negotiation between adults and young people in decision making is really important (ID 20, 6, 4).

The parents interviewed echoed these sentiments. For example:

Well it is a closer basis with the kids as there are only eight in the class to start off with and that gives the teacher more opportunity to explain what is going wrong and the kids more of an opportunity to stand up and say ‘I think that is wrong or I think it was unfair’ and then it teaches them to solve problems without aggression or being smart and just how to work through their problems because they are listened to more here (Parents ID 38.2, 2, 8, 5).

A second theme concerned involving the student group in problem solving. This requires teachers to negotiate with students and to engage in group management process such as involving the group in open communication, guiding the group towards examining behaviour and helping the group decide on solutions and strategies for resolving problems

(Ibid, 1974). An example of how involving the group might be implemented at St Augustine's was as follows:

We can say to the students we have a problem here, let's deal with it. For example, recently we were getting lunch and whilst we were sitting outside waiting for our order to be ready there was one kid who didn't have much lunch money and he was annoyed about that because he thought it was someone else's fault that he didn't get his points. Anyway he was doing some stupid stuff with the chairs and tables out the front and one of the other kids said 'don't do that or they will not let us go on the points activity'. He kept doing stupid things and one of the other students said 'stop or I will punch you and he ended up hitting him and the kid stormed off.' So we had to say to the kids, look at the situation that has happened, we need to sit down and have a chat and work out what you are going to do about that and how you are going to fix it up. It's not good that he's had to walk off. Someone is not comfortable in being in the group so we need to solve that. They came up with, well we will have to drive and find him and we will have to apologise and ask him to see if he wants to join us again. So rather than focusing on what the individual is doing wrong we are focusing on the group and saying we have a problem here, what are we going to do about it (ID 8, 9, 2).

For younger students attending St Augustine's, where programs utilised part-time staff or where there was only one staff member working alone with a group of students, a number of issues were raised with respect to both managing the group and dealing with and processing problem situations with aggrieved and upset students. These matters are discussed in the next Chapter.

The ability to negotiate and communicate and to work as a team member also applied to staff both within St Augustine's and with staff in the students' mainstream schools (see Dimension Two). Particularly in secondary school, students may have experienced inconsistent behaviour management from different teachers and given St Augustine's utilises both teachers and youth workers the importance of communication between these different professions was seen as critical in ensuring a consistent approach. For example:

As a youth worker I have quite a different philosophy about empowering and strengthening the welfare side whereas teachers have more of a focus on much behaviour management and rules. So being able to communicate with others in

a team and negotiate how we work together and take a consistent view is an important skill (ID17, 6, 1).

In working with mainstream schools the teacher was seen to function to fulfill a number of roles including providing feedback on how the student was progressing, focusing on their positive achievements, finding allies within the school and involving the students and their parents in the decision-making process. For example:

In working with schools one of our main roles is to build supports in the school for our students and to advocate on their behalf. This means providing feedback on how the student is travelling and focussing on their positive achievements. It also might mean changing the way the school is reacting to the student or to identify who in the school can bat for a student and be there for support. This process involves regular meetings between all the parties involved including the student and their parents to ensure their voice is heard (ID 4, 4, 3).

Parents and students appreciated the advocacy role played by staff in the mainstream settings. For example: *“they spoke up for (name of student) at mainstream and tried to get the teachers to lay off him. They just focused on all the positive changes that he was making and showed them that he was capable of being different student”* (Parent ID 29.3, 2, 6, 4), or *“it was really good to have (name of staff member) meet with me and my teachers at school. At meetings and stuff I was supported by them to say what I thought should happen”* (Students ID 24.1, 1.2, 8).

There was a host of structural and attitudinal barriers raised by staff that impacted on their ability to collaborate with staff in mainstream schools that are discussed later. Nevertheless, the ability to communicate and negotiate with staff in other systems including mainstream schools were raised as important skills that they needed to possess and utilize effectively.

7.3.6 Experiencing fun, enjoyment and achievement in learning.

Since students attending St Augustine’s have experienced failure in coping with traditional school environments, students have generally developed a mindset that learning is to be endured or avoided. The psycho-educational approach focuses on changing how students feel about learning by the provision of a restorative curriculum

linked to the students' interests, appropriate to their developmental level and where they experience positive feelings and success. Wood et al (1996) in particular stress the importance of changing student's private reality and cognitions about learning and using the curriculum to replace negative and destructive thoughts and feelings about learning with memories of success and pleasure, confidence, security and trust. This includes providing gratifying play and developmental activities free from goals associated with highly competitive games that require a level of performance that is difficult to achieve.

One of the critical aspects of facilitating caring and supportive relationships with students identified in the teaching approach used at St Augustine's was for students to experience fun, and enjoyment and achievement in learning. Consistent with this psycho-educational approach, staff themes identified that this was achieved by the provision of a range of recreational and adventure-based activities (see Dimensions Five) that were used to create a stimulating learning environment where school was seen as a place not only to engage in purposeful instruction but also to motivate attendance, enjoy learning and to have fun.

For example:

The school must generate an environment that counters the very low school morale and very negative attitudes to schooling that the students generally have upon arrival. School has to be enjoyable. A spirit of fun and enjoyment should permeate the school. The other side of it is that we have to provide something that is so interesting that they want to be here, because otherwise they are ones that haven't been at school and if we don't do that they won't want to be here either. That is why we have developed a strong focus on activity-based learning. Therefore, I think you need to have a sense of being able to camouflage what young people consider to be schoolwork into fun and also an understanding that young people come here with a feeling that they have failed and that we need them to experience enjoyment and achievement in learning (ID 5, 2, 3).

St Augustine's provides a broad range of activities such as surfing, abseiling, fishing, sailing, and bike riding in addition to the 'boys in the shed' experiences such as welding and carpentry. Activity-based learning was seen by staff to meet a number of functions in meeting the needs of students. The first theme was providing developmental opportunities that students may not have experienced at home, for example:

We are providing a lot of good opportunities and new experiences for students. I would be the first to argue that probably every young person on this site has

not experienced going places and building sand castles and having picnics, you know climbing a mountain, so those basic developmental things our own children did and as a family we did. Generally speaking these kids have not experienced that sort of stuff so that is significant and one of our key roles is to offer them these developmental opportunities (ID 13, 4, 5).

A number of the parents interviewed agreed that: *“they offer things that I can never afford to do. He has no contact with his father so doing those boys’ things like going fishing are important too”* (Parent ID 28.2, 2, 3, 9).

The second theme was to offer a pedagogy of encouraging students to ‘learn through action’ and providing opportunities for the practical application of academic skills for example: *“that might mean learning to read the warnings on the lawn edger or using the tape measure to work out how long to cut the wood, or even just in playing golf, there is maths there just in the scoring of the game”* (ID 21, 6, 2). Staff explained that most of the students don’t learn from reading books and that: *“most of our kids are kinesthetic learners and need to learn by doing and experiencing bodily sensations to react to and think about, or in using their hands to produce or transform things”* (ID 4, 6, 5). The opportunity for students to experience a sense of pride and achievement in learning by using their hands and reacting to bodily sensations is illustrated in the following scenario:

I remember a kid who finished building a shelf in woodwork and he was almost illiterate. When he finished doing it he felt along the shelf and he said ‘smooth as’ and he took tremendous pride in what he had done, he was just beaming. We had some visitors come through at one stage and they said ‘what do you like about this’ and I didn’t think he could even articulate it but he said ‘hands on’ and that was just what these kids need, a chance to succeed and do something with their hands (ID 10, 8, 6).

The third theme was that activities provided the venue for a safe and informal environment to talk to teachers, for example:

I have a theory about boys in the shed. Our guys have not had that with their own fathers, not most of them anyhow. But getting away and doing blokey things together and building things with your hands or working on the go-kart is like a refuge and provides a safe space for males to share with one another in ways they wouldn’t otherwise in a million years. I suppose its doing therapy

with kids without telling them it was therapy you know, hands on, enjoyment, fun and that they would say to me we talked often in the wood work room and when we were doing things together. They say we never talked to other teachers in the way we talked to you and they could talk about anything. Someone commented on that at one of my farewells and said ‘the things I hear discussed outside the window would stun anybody’ but the kids feel free to talk about anything in their lives when you are doing an activity together (ID 9, 5, 3).

Finally, in the teaching approach, staff saw the use of computers as another avenue of providing an engaging learning medium, that is: “*we use computers a lot to hook the kids in*” (ID 20, 6, 7). The importance of using technology in the teaching approach is also a major thrust of the life long learning approach (Bryce, Frigo, McKenzie & Withers 2000; Bryce & Withers, 2003) and has been cited as an essential tool for student in alternative education programs (Long, 2000). The use of computer technology and educational software was seen by staff to provide the opportunity to learn new skills and provide a medium where students could learn at their own pace and level and also serve as a psychological tool for example to overcome anxiety about learning as illustrated in the following quote:

there is one that wants to learn spelling or reading, so I have a computer program ordered for him because he doesn’t want to do it in front of anyone else and he is refusing to do homework with his mum. With the computer program he can do it with the earphones on and work at his own pace without anyone watching or hearing (ID 16, 7, 9).

The use of information technology can also function to chronicle and author the students’ time at school as a positive experience as illustrated by the following example:

We are also trying to keep up with using technology to do interesting work with the students. Like I am teaching the students to put together a CD Rom of their time here with pictures of activities and sort of a journal of their changes and interests so they have a positive record of their time and achievements here (ID 20, 6, 9).

7.3.7 Perceived benefits of activity and adventure-based learning for students.

Staff themes identified that activity and adventure-based learning provided a range of perceived benefits for students. These included learning to relate in a group and problem-solving using real life situations, such as: *'it is about doing the whole steps and working as a team to go on the activity and be a part of the group and having both individual and group responsibility.'* (ID 6, 5, 6). Activities such as surfing and go-karting were seen as providing students with a restorative experience involving safe risk taking, engaging in 'natural highs' and spending time alone with nature to *"show that there is a different way of getting a buzz out of life"* and *"its almost like giving them an electric shock, it is the adrenaline, like being in a go-kart doing 70 miles an hour and all of a sudden their endorphins and adrenaline that runs through that person's body just sparks that brain"* (ID 10, 11, 4). Further, they were seen as avenues for promoting physical health, providing the opportunity to interact with others in the community and the possibility of developing a lifelong interest and passion for particular activities or recreational pursuits. The following case example serves to illustrate the potential life long value of recreational and adventure-based learning:

Like surfing there are some young people that now have developed that as a passion, to me it is like watching injured birds fly and they develop a life long appreciation of something they enjoy and are good at. For example, one of our students ended up getting locked up and about four years ago. I was camping down at Joanna and someone in the water with a helmet looked at me and went 'hey' and it was him and he said 'come over.' He was on a day release and camping down with his family out in the middle of nowhere, surfing and fishing and I thought even if freedom is taken away from these kids we have given them a chance to appreciate something that has been taken away, whereas a lot of other people get locked up and they say 'who cares I have a colour TV I don't need anything else'. So he still held the passion and love of surfing and fishing and he was there with his family, mother, brother and sisters and I thought we didn't do too badly even though he was locked up (ID 10, 12, 4).

7.3.8 Programming and curriculum delivery of activity-based learning.

In order to accommodate activity and adventure-based learning in the daily schedule, the EMU, St Helen's and YEP programs generally devote the first part of the morning to

doing academic work and in the afternoon go ‘off-site’ or into the shed to engage in activity-based learning. Staff also saw that this method of programming served “to provide consistency and structure to their chaotic lives. Many of these kids can’t imagine what they want to do tomorrow and can’t cope with too many changes so we try and have a set routine so what is expected is really clear” (ID 14, 8, 2).

Table 7.3 presents an example of a day’s timetable offered at ‘The School’. The morning meeting at ‘The School’ is a time to reinforce core values such as respect and to model co-operation and participation as staff and students sit and listen to one another. During this meeting, the tasks of the day, activities and times are set out and clarified to make sure that students understand what they are doing. Food is also available at the meeting for students that may not have had an adequate breakfast.

Table 7.3

A typical day at ‘The School’

9.00-9.30 Morning meeting				
Session 1 9.30-10.15	Academics	Art	Gym	Internet
Session 2 10.15-11.00	Academics	Art	Gym	Moving on
Session 3 11.15-12.00	Reading	Art	Swimming	Bike repair
Afternoon activity 1.00-3.00	Bike riding	Tennis	Surfing	Going bush

Source: St Augustine’s School Induction Package (2003)

Students attending ‘The School’ and New St choose the activities from the timetable they will partake in for the day in accordance with their personal learning goals and the program level they are on, the latter being determined by the number of points they have achieved. Therefore in Table 7.3 above, students at ‘The School’ who have gained high points may choose non-academic activities for their morning sessions. How this system works is further explained in the section on behaviour management.

In other programs such as EMU, St Helen’s or the YEP program where there are only two staff to seven or eight students, morning meetings and academic sessions still generally occur before lunch but the afternoon’s activities are generally fixed by a daily or weekly schedule determined at the beginning of each term. The limited ability to provide choice

in the curriculum menu for students, particularly in programs employing only two workers was raised as an issue by some staff and this is discussed further in the next Chapter. Also raised was the diversity of the existing curriculum in terms of the lack of inclusion of subjects such as music and drama and other subjects that might better meet specific student needs. For example, this included those activities that would be more attractive and relevant to female students; developmental play opportunities using a range of sensory equipment for younger students, or specific psychological programs such as coping with grief and loss for those students in residential care or who have suffered traumatic family relationships.

7.3.9 The practical application of academic skills in the curriculum framework.

One of the challenges faced by St Augustine has been to translate the activity-based learning methodology into a curriculum framework. Clearly specifying the curriculum delivered is required as a part of being a registered school and needs to align to the key learning outcome areas required for all Victorian schools (i.e maths, English, science, technology, studies of society and the environment etc). Traditional curriculum used in mainstream however, is not appropriate for students who have already experienced failure with classroom-based learning and the students may well be functioning at a significantly lower level than that expected by the mainstream curriculum which is structured according to age and year of schooling. The CSF (2002) developed by St Augustine's integrates and applies academic skills with the learning of vocational, recreational, social, personal development and basic living skills.

An example of this curriculum integration is provided in Table 7.4. Here the suggested learning activities are those that would be used with students attending New St and they would be modified for other age groups as applicable to their needs and developmental level.

Table 7.4

Example of the Integration of Academic and Life Skills Curriculum for Teaching Mathematics.

Learning outcomes	Indicators	Suggested learning activities
Use written methods to add and subtract decimal numbers	Add and subtract decimal numbers with equal numbers of decimal places without using a calculator	Activity sheets involving money such as: - Paying and receiving money - Making a budget - Receiving wages - Paying bills
Use and construct timetables and use and analyse calendars	Read local timetables correctly to plan a simple journey	Worksheets involving the use of timetables for public transport, trains, airplanes and television guides.
Estimate, measure and calculate time elapsed	Estimate a time taken to complete a task. Calculate the time interval between two given dates	1. Cooking activities –how long it will take to shop and to prepare, cook and serve a meal. 2. Oral discussion and activity sheets on family trees to calculate ages, times etc of family chronology and history.

Source: CSF (St Augustine's, 2002)

Both parents and students generally supported integrating activity-based learning with the practical application of skills. For example:

I think about the confidence that it gives him. He gets marks for learning how to cut up fish, the little things they do like that. They work those things into their program all the time, whether it is how many push ups they do. Yeah they learn their maths and reading in doing things. And they do a couple of hours work in the morning so its good to hear that they are not just out doing fun stuff all the time. If they were just going go-karting all the time who would want to go back to school? (Parent ID 41.2, 1, 7, 4).

A number of staff and parents however, raised issues concerning the extent to which there was integration of the academic learning with the activities provided in practice and the extent to which this integration was systematically planned for and based on the learning outcomes for individual students and this issue is discussed in the next Chapter.

The psycho-educational approach also focuses on the use of curriculum materials which promote social-emotional competence and the development of personal identity and

personality (Dembinski, Schulz, & Walton, 1982) and in doing so pioneered early approaches to developing systematic programming materials (e.g. Long, 1974; (Mantz, 1969). Currently at St Augustine's, the individual programs have selected their own materials drawn from a variety of sources such as the Exploring Together Program (VicParenting Centre, 2003), the Stop, Think, Do Program (Peterson & Gannoni, 1997) or Program Achieve (Bernard, 2000) to provide curriculum opportunities for students to explore their feelings, thoughts and behaviour, to identify their personal goals and aspirations and to teach social and emotional self-regulation skills. However, implementing a more formalised social-emotional curriculum approach across programs where the students can be systematically assessed and changes can be measured was another issue raised by staff that will be discussed later.

7.3.10 Developing personal goals through a pathways planning process.

The importance of planning to promote social-emotional competence is central to the psycho-educational approach and the goals of service provision at St Augustine's. A key staff theme in the teaching approach adopted was to develop personal learning and pathway goals. At St Augustine's each program meets with the student, their parents and other professionals where applicable to develop short and long-term goals for each student every term in line with the Pathway Planning Process (St Augustine's, 1999). A pathway plan is akin to an Individual Education Plan in that it is an individually negotiated, goal orientated plan that identifies achievable tasks and challenges for the students to work on each term. The students' input and ownership of the plan is somewhat dependent on the age and developmental capacities of the students and their aspirations for what they want to gain from program participation. Therefore the format and content of the plan differs across individual programs. An example of a plan developed for a 13-year-old student with ADHD attending 'The School' is presented in Table 7.5.

In the area of academic goals for this student, it is noted in Table 7.5 they do not clearly articulate academic learning outcomes other than participating in and completing the tasks set out in two academic sessions per week. Assessment of students in general and more specifically ensuring the systematic assessment of the students' level of ability and achievement to inform recommendations about the most appropriate teaching approach and to develop measurable academic outcomes was identified as a major issue and is discussed in the next Chapter.

The last item on this plan refers to ‘wish tickets’ and the final dimension identified in the staff themes was the importance of behaviour management.

Table 7.5

Example of a Pathway Plan for a Student Attending ‘The School’

Goal	Strategy
1. Working on anger management and controlling anger and outbursts when upset	Finding a quiet place to calm down if upset (the Quiet Room) and then to talk to a staff member
2. Focusing on task in academic sessions	Participate in 2 academic sessions each week and to complete the task set and to concentrate on what has been given to him
3. Developing listening skills especially when speaking to staff	Count to ten when staff are speaking, listen to them then make his comment
4. Learning how to handle being teased	Control his voice, stand up straight and try not to cry when he needs to stand up for himself
5. Improving his physical fitness	Participate in gym, bike riding and surfing sessions
6. Remember to take his medication when asked.	Take a glass of water to room when getting medication
7. Get more ‘wish tickets’	Remember to show respect to others, to participate continuously throughout the day and to be safe and legal at all times

Source: Learning Plan for a student: St Augustine’s School

7.3.11 Behaviour management.

Another important aspect of implementing a psycho-educational approach in terms of behavioural management is the importance of structuring the milieu (Rich et al., 1982). As outlined in the Student Welfare Policy (2003) the development of preventative strategies to manage student behaviour was identified as an important component of the model. Previously under the role of the teacher, the themes of the teacher having patience, emotional control and self awareness to avoid ‘power struggles’ with students, involving individuals and the group in decision-making and providing a predictable and engaging schedule of activities were described and these are all important behavioural management strategies. In the psycho-educational approach a range of ‘surface management’ techniques such as re-structuring, re-directing, active listening, planned ignoring, ‘hypodermic affection’ and hurdle help are also employed to defuse potential disruptive behaviour. Staff in the interview process did not discuss using these techniques. However, as a part of implementing the study, training in Therapeutic Crisis Intervention (TCI)

(Budlong, Holden & Mooney, 1993) was delivered to all staff and the TCI approach incorporates the management techniques used in the psycho-educational approach. Further, in observing the staff's daily interactions with students, it was obvious that program staff implemented the full range of surface management techniques even if these were not specifically mentioned in the interview process.

In the staff themes however, two specific behaviour management strategies were identified that applied across programs (see Dimension Six). The first was the use of warnings and structured consequences and the second was the use of a token economy and points system. Staff saw warnings as a way of prompting and cueing students when their behaviour was unacceptable and setting clear behavioural limits. For example:

I guess part of our therapeutic approach in our program is to get young people to understand what is acceptable and what is not acceptable. We set up a three strike policy just to as a means of saying to them hey look this is not about kicking you out of the program for a day it is about giving you some sort of alternative idea that your behaviour is getting to a stage where your behaviour is non-acceptable (ID 8, 8, 5).

It is important to note however, that the policy is rarely used to exclude students from St Augustine's and that if a student is sent home as a result of being warned three times during the day about their behaviour, upon their return there is the opportunity to start afresh. For example:

With the warning policy, the kids are given fresh starts all the time, so if they get timed out well, that happens a lot in the school kids are getting timed out on a regular basis but they are re-inducted and are back on track. This gives them the chance to realise what they have done wrong and to participate again with a fresh start. It like we aren't going to give up on you and reject you like other schools have, here every day is a new day and a new opportunity to do the right thing (ID 20, 4, 2).

The use of the token economy system at St Augustine's was seen by staff as a means of assisting students to move from external to internal control over their behaviour. Each program has a token economy system that is used to reward positive behaviour through obtaining points that are converted into daily tangible rewards and program privileges. Points are also totalled during the term and those students with the required number of points either participate in special activities such as going on camps or a charter fishing

trip. For example:

The afternoon points go into a sort of bank of points where they earn the right to go on special activities. We call these special events 'points activity days' and these occur 2 or 3 times a term. Everyone goes to these but the kids that have got enough points get to participate and the others either watch or do something else. So two kids might go-karting and the others will watch. So next time they remember and think I'd better earn my points next time (ID 6, 10, 5).

Some programs used the end of term point system flexibly to ensure that students don't feel excluded. For example:

With camps they need to have participated in the preparation days and also earn some token money so they are given opportunities to do that so sometimes we have done re-vegetation programs around the coast. Now to go on camp they are also supposed to have a certain points score but we are pretty flexible with that, if they have earned their token money and have gone to the preparation days but they are not quite up there with their points score we let that go. But it is good because it gives them something to aim for and they say 'I'll try and get a 9 points today so I can go on camp or a special activity' and when the time comes we will negotiate around that and we also look at their progress so they may have started off badly but they have progressed and they have worked hard on a strategy or they have coped with something at school and making that progress is a lot more important than making that average number of points (ID2, 12, 4).

The New St and 'The School' also utilise the assigning of points to equate to a system of levels that confer choice in activities from the curriculum menu. For example, a system of A Grade, B Grade and Novice categories are used in the New St program and in 'The School' Level One, Two & Three are used. A description of the points system used at 'The School' that is given to students in their induction package is provided in Table 7.6. It noted that the system is complex and the written reading material provided about the points system may be well beyond the students' level of literacy and comprehension.

Table 7.6

Information for Students on Level and Points Used at "The School".

The school program uses a levels and points system to encourage the students to take responsibility for their own behaviour. One way to encourage you to take responsibility for your own behaviour and to help you understand and follow guidelines of the school is to give points for each session you do at school.

Basically each session is either out of 10 or 20.

The highest possible score you can get for the day is 100 points

If you get 70 or above you will be on Level 3.

If you get between 40–69 you will be on Level 2.

If you get below 40 for the day you will be on Level 1.

The points are added up on a board with your name on it at the end of the day, you are encouraged to be there with your instructor for the session when they fill out the board at the end of each session so you can negotiate your points and get feedback about how you went. This makes it fair on you, and lets you see ways you could improve next time.

Now that we have explained what the points are you need to be on each level we will explain ways in which you can get good points:

Basically if you follow the guidelines of the school which are respect, participation and safety.

You should get a really good score for each session, so if you remember what the guidelines are and follow them you should always get a good score for the day. Ask a staff member if you are not sure why you were given a particular score (remember it helps if you are around when the scores are written on the board).

You can score extra points for the day by doing things like:

Settling yourself in quickly,

Ignoring others,

Trying something new,

Helping others out,

Putting in extra effort in a session.

Ask a staff member about the sheet which lists all the things you can get extra points for. Sometimes you may also get points taken away from you for a particular session, this happens when you are not following the guidelines for the school.

What you get when you are on high points:

Free lunches

Front seat on the bus

Token money

Wish tickets

Phone privileges

First choice in activities

Goodies box

High Flyer status

First drop off from the bus

Source: St Augustine's School Induction Package (2003)

In general, both parents and students gave positive feedback about the points system for example:

They seem to be able to manage him without any problems unlike school. It is the way the program is structured and is consistent -the kids know where they are and what they are doing next and they don't get confused and the points seem to give them some sort of concrete feedback about their progress. They seem to focus on what he is doing right rather than what is wrong and I like the points system and the way it motivates the students. He felt really proud about earning enough points to go on camp (Parent ID35.2, 1, 7, 3) and, You get to, if you keep your points right up, you get to pick where you want to go on a particular day or a certain lunch or something, it's good it makes you want to work hard and do the right thing (Student ID 23.1, 2, 5).

However, it is noted that one adolescent female student felt that *"the points system treated me like a baby"* (Student ID 42.1, 7, 2) and two of the parents whose son and daughter had attended St Augustine's for some time felt that they had lost their motivating value. There was also some disagreement amongst staff about being overly reliant on the points system as a means of facilitating the students' internal control over their behaviour as opposed to talking to students to better understand their feelings and thoughts and exploring other possible influences on their behaviour such as what was occurring in their family life. Who should assign the points (teachers, teachers and students together or students) and the use of points as a reflective tool were also other issues that were identified in the staff themes which are discussed in the next Chapter.

7.4 Theoretical influences underpinning the model of intervention.

Staff were asked to describe the theoretical framework/s underpinning the program model. The majority of staff reported they used an eclectic approach and that *"we just take the best of what is available and adapt it to our needs"* (ID 4, 12, 8) or that *"the students are all so different, so we would never just have the one model or way of working as we need to cater to what they need as individuals and that might be different in each case"*. (ID 12, 6, 2). Drawing on a range of theoretical influences is one of the defining characteristics of the psycho-educational approach and Long, Morse and Newman (1976) argue that even that though the psycho-educational model emphasises working with the interpersonal needs and characteristics of students, no management technique or theoretical approach is rejected if it helps an individual student.

St Augustine's currently does not have a program document that articulates the theoretical influences on the model adopted and this was identified as a need by staff. However in describing the eclectic approach taken staff did identify earlier program documents as being influential on program development and specified a number of theories that have informed their more recent practice. The theoretical influences on the model of psycho-education derived from the staff themes are presented in Table 7.7.

Staff members who had worked at St Augustine's for an extensive period of time remembered that the work by Redl and Wineman (1957) had significantly influenced the model developed at 'The School' and New St. One of the founding members of developing these programs when the Christian Brothers moved to the present Whittington site was Brother Peter Flint. He had travelled to the United States on a Creswick Fellowship in the mid 1980's to research psycho-educational approaches and came back with an extensive knowledge of the application of Redl and Wineman's work. In Flint's (1996) program documentation he talks about the importance of: *"a school that smiles, props that invite and space which allow and routines which relax, a program that satisfies, adults who protect and provide a rich flow of tax free love and gratification grants and a range of behavioural management techniques such as hurdle help, planned ignoring, tension decontamination through humour to manage surface behaviour"* (p.17). He also commented that: *"the negative aspect of just using one approach to the exclusion of others is that it limits one's own judgment. All theories have a great deal of truth in them but become dangerous if in using just one theory they are used at the expense of what appears best for the child at the moment"* (p. 21).

In the first column of Table 7.7, the work of Redl and Wineman (1957) is therefore acknowledged as an influence. The TCI approach (Budlong, Holden & Mooney, 1993) which was also mentioned by a number of staff is also conceptualised as a form of milieu therapy and incorporates 'Life Space Interviewing' (LSI) to teach students new coping skills. LSI was first developed by Redl (1959) and later by Long, Wood, & Fecser (2001). As mentioned earlier, the implementation and use of talking therapies such as LSI to work with the students' feelings, thoughts and values was an issue requiring further clarification between staff.

Table 7.7

Theoretical Influences on the Model of Psycho-education

Theoretical Framework	Milieu therapy (Redl & Wineman 1957) and Therapeutic crisis intervention (Budlong, Holden & Mooney, 1993)	Experiential and recreational learning (Ewert, 1987, 1989)	Behavioural (Skinner, 1953; Sulzer-Azaroff & Mayer, 1977)	Tribes Learning Community (Gibbs, 1995)	Social development and resiliency (Catalano and Hawkins, 1996), including social learning (Bandura, 1997)	Circle of Courage (Brendtro, Brokenleg & Van Brockern, 1990)
Conceptual basis	Qualities of therapeutic relationships and the features of a therapeutic milieu for teaching appropriate coping skills	Curriculum and pedagogy to engage and motivate students	Environmental contingencies that maintain behaviour	Features of a positive school climate for social, emotional and academic learning	Research into risk and protective factors	Kinship support and child rearing practices in indigenous cultures
Focus of intervention in the school setting and the role of the teacher	To develop supporting relationships based on empathy, understanding and a genuine sense of caring. Defuse conflict and use problems as opportunities to teach new coping skills. Structure the environment (physical and emotional) to promote the acceptable expression of feelings and behaviour	Provide incidental learning using real life experiences and engagement in safe risk taking. Group processing, problems solving and debriefing	Provide a range of positive behaviour management techniques and behaviour modification programs to promote appropriate behaviour	Provide a supportive learning community using clear rules and co-operative small group work. Reflective practice and sharing of expertise for staff.	Promote bonding between staff and students and provide opportunities for pro-social learning through modelling, rewarding appropriate behaviour and positive feedback	Program for meeting the students' needs for belonging, mastery, independence and generosity

All staff identified theories of behaviour management such as Skinner (1957) and experiential and adventure learning such as Ewert (1987; 1989) as key influences and the characteristics of these two approaches are provided in the second and third columns. The third major influence was that of the TRIBES Learning Community (TLC) (Gibbs, 1995). A teacher at a local primary school in the Barwon Region brought the TLC approach to Geelong following an international teaching placement in 2000 (Holt 2005). The regional Department of Education South subsequently funded for schools in the region to attend TRIBES training including all of the staff at St Augustine's.

TLC evolved in U.S.A. during the 1970's and was originally developed by Gibbs (1995) to tackle substance abuse problems in Californian schools. The goal of TCL is to engage all teachers, administrators, students and families in working together as a learning community that is dedicated to caring and support, active participation, and positive expectations for all students. It is also designed to develop teacher collegiality, reflective practice and collaborative planning. Gibbs (1995) argues that the TCL approach is broadly based on the social development theory and a synthesis of studies on child development, cooperative learning, group processes, systems theory, multiple intelligences and resilience (p.22).

The TLC approach involves teachers building long-term small membership groups or (tribes) of students for peer support and responsibility, generally consisting of three to six students who are seated together and who engage in cooperative learning together. These groups are formed socio-metrically for example, to distribute boys and girls, students of high and low acceptance. The other aspects of TLC is to teach students essential democratic group skills; and to integrate academic concepts into co-operative learning strategies, such as project learning, group inquiry, team performance and peer assessment. A positive culture is also built and sustained in classrooms by having students learn, practise and remind each other to honour the four TRIBES agreements which are attentive listening, appreciations/no put downs, mutual respect, and the right to pass. One of the programs had implemented some aspects of TLC as illustrated in the description below, however many of the staff at St Augustine's believed that further work was required to implement TLC as a process across programs and this matter is discussed further in the next Chapter.

We always have had the guideline of participation, safe and legal and respect but in our program we have moved on to include the TLC ones of mutual

respect, attentive listening, right to pass and no put downs and appreciation. We sort of use those as reference points for things, for example everyone's talking at once we go through what we mean by attentive listening and do all that and we have a mini conference around that. That is the main thing using those as guidelines and using the community circle. And just trying to make inclusiveness a big part of the program in that we don't do anything competitively and it is a big push that no body is excluded from anything. They are the main principles we have incorporated from TRIBES (ID 2, 11, 6).

The majority of staff said that their goal was to make students more resilient and this is also reflected in the current program documentation namely, the CSF (2002) and the School Welfare Policy (2003). The final two theories identified, as influences in Table 7.7 are the Social Development Model (Catalano and Hawkins, 1996) and the Circle of Courage (Brendtro, Brokenleg & Van Brockern, 1990), both of which are based on research into resiliency. As described earlier within the teaching approach, staff themes focused on striving to develop caring and supportive relationships and to promote a sense of belonging. Belonging was seen by staff to be promoted by students working in small groups and providing the opportunity to experience enjoyment in learning particularly through the use of activity and adventure-based endeavours. From the staff themes these activities were perceived as affording students with opportunities for active participation in the group, the development of skills for effective participation and the recognition and reinforcement for participation and for positive behaviour. These intervention processes are key mechanisms for promoting resiliency in students within the Social Development approach and Social Learning theory (Bandura, 1997). They are also consistent with the findings of the qualitative evaluation of the EMU programs previously undertaken at St Augustine's (Fersterer & Joyce, 2002).

Finally, a brief rationale for the inclusion of the Circle of Courage model (Brendtro et al., 1990) as a theoretical influence is provided. At the completion of the study, MacKillop Family Services had developed an overarching practice framework to guide all services working with young people (MacKillop Youth Services Case Practice Handbook- Barwon and North Western Regions, 2004). The framework is based on the Circle of Courage model (Brendtro et al., 1990). Dr Larry Brendtro has provided consultancy and training services to MacKillop Family Services in the process of developing the Youth Services'

Practice Framework and a staff member at St Augustine's has attended training about the principles of practice underpinning the approach with the expectation that there will be a process of further consultation and training about implementing the model within St Augustine's.

The model is underpinned by an understanding of the universal growth needs that children and young people have for attachment, achievement, autonomy and altruism and has been developed from knowledge drawn from both psychological and resiliency research and kinship support and child rearing practices found in indigenous cultures. The model focuses on four major areas- belonging based on trusting relationships with others, competency by encouraging growth in the development of skills so that young people can learn that they can achieve, independence by creating choices in a safe environment so that young people feel they have control over their lives and sense of community by encouraging young people to step out and think beyond themselves and experience the spirit of generosity.

The Circle of Courage model incorporates a range of specific assessment and intervention methodologies such as the developmental audit to identify strengths in the young person's ecology, the use of LSI, positive peer culture and service learning initiatives (Brendtro & Shahbazian, 2004; Gilgun, Chalmers & Keskinen, 2002; Vorrath & Brendtro, 1974). The staff member that attended the training reported that *"it made me think about some of the things we need to do differently"* and it is expected that a number of program changes may result following further consultation and training in the model with staff working at St Augustine's. In the next Chapter, the themes identified from the staff interviews concerning issues in the delivery of the model and what could be done differently are explored and discussed.

Chapter Eight

Issues in the Delivery of the Model.

Staff were asked a number of questions in the interview process about barriers to meeting goals with students, how comfortable they were with the program framework and what would they like to see changed or improved as a result of the evaluation. Parents and students were also asked about how well they felt supported and provided feedback on areas of service delivery that they would like to see changed. Case examples are given where relevant to the discussion of specific themes. Figure 8.1 provides the dimensions and themes that were identified by staff, parents and students.

8.1 Student issues.

Themes in relation to students are identified in Dimension One. Many of these issues are intertwined with the other dimensions and themes, such as available supports in mainstream schools, access to the service system, family difficulties at home and a range of program issues such as transition planning, intensity and length of intervention and follow-up. Therefore in the reporting of the themes there is some overlap between the dimensions and the issues of concern to staff, parents and students.

8.1.1 Voluntary commitment and prior knowledge about the student

The first theme concerns student attendance at St Augustine's and the principle of voluntary commitment (see Dimension One). In general the literature on alternative education programs (e.g. O'Brien, Thesing, & Herbert, 2001; Raywid, 1988, 1994) has identified voluntary commitment as an indicator of successful programs, although this generally has referred to programs for older students. However, the overwhelming majority of students attending St Augustine's are under school leaving age and there are a number of policy and practice issues that flow from the application of this principle.

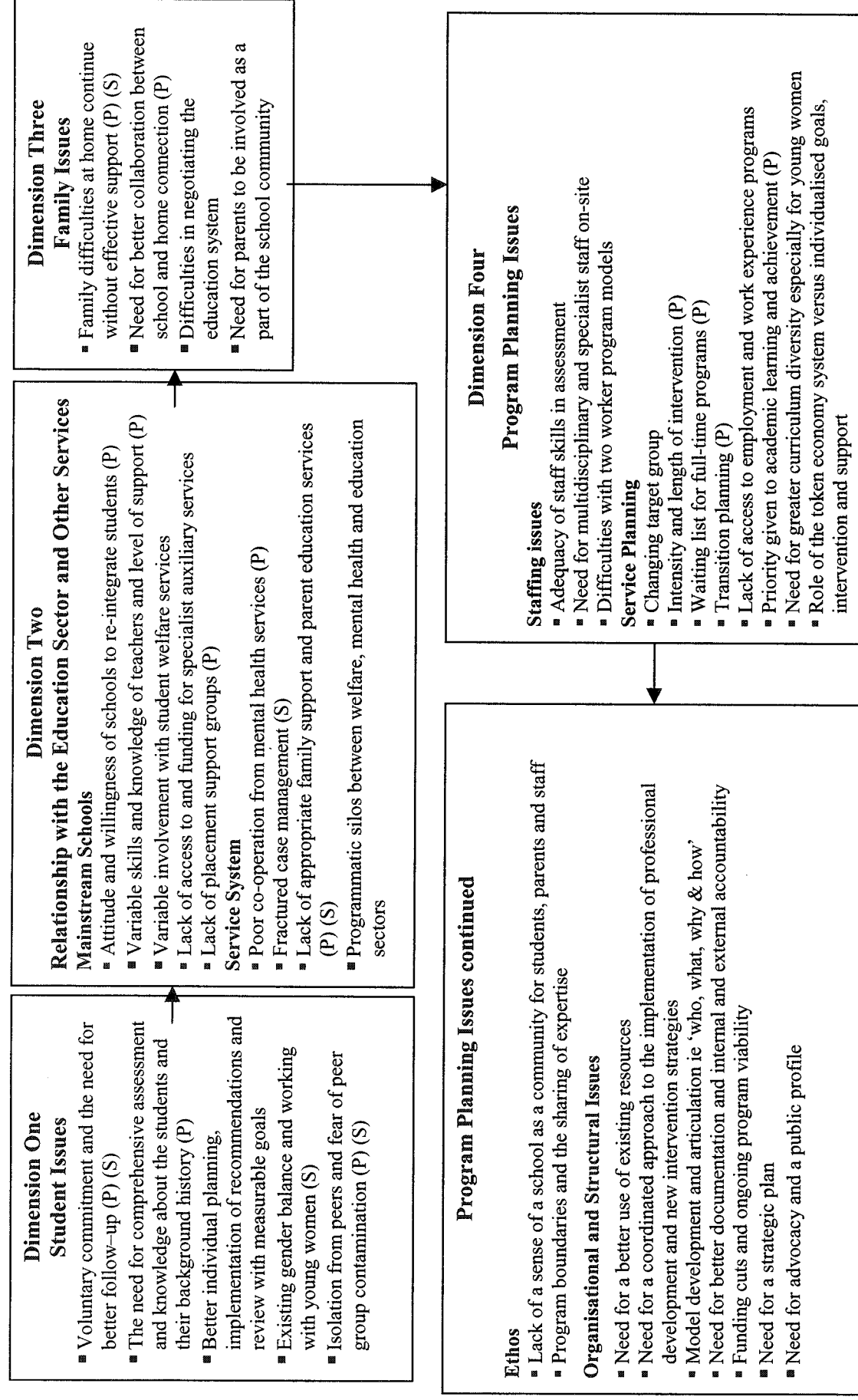


Figure 8.1

Dimensions and Themes Identified from Interviews with Staff Concerning Issues in Service Delivery

Note: All of the above themes were derived from staff interviews. (P) denotes a theme also identified by parents and (S) by students

Firstly, voluntary commitment assumes that students are capable of making a choice to attend, or as one staff member said *“the majority want to come anyway because it is better here than just sitting at home day after day”* (ID 8. 5, 4). However, it was obvious in contacting students and parents in the sample that at least four students were unable to attend school because of school refusal and extreme anxiety and in one case the young person was also agoraphobic and unable to leave the house. The outcome for these students was that they were ‘not engaged’ by programs. The case scenario of Liam in Chapter Five was an example of a student in this group. These students obviously experienced an inability rather than an unwillingness to attend. The issue of the adequacy of assessment available at the time of referral about the students’ developmental, family and educational background history and their current circumstances in order to gain an understanding of the reasons for their difficulties was raised as a major theme by staff. For example:

We need more of a developmental history and find out about significant events or where stresses have happened and those sorts of thing. We don’t have that skill, as we don’t know the right questions to ask. We can say that any kid we work with has behavioural problems, troubles at school, and is behind in their academics but the changes we might make could be better if we had more background information. We tend to just find out things ad hoc (ID 6, 9, 7).

The issue of assessment is linked to the themes of the adequacy of staff skills (as identified in the quotation above), whether or not assessments have been undertaken by student welfare and other services prior to referral and the need for specialist staff on-site to undertake assessments, to make recommendations and to plan interventions. These matters are discussed further in this section on working with the educational sector and program planning dimensions.

The second issue that is related to voluntary commitment is following up students who may have withdrawn from programs for a range of reasons, for example, the student’s personal decision or their dissatisfaction with the program as in the case of the scenario of Warren, a change in family circumstances (e.g. homelessness) or a deterioration in the student’s mental health. There were students in the interview sample who had withdrawn from programs and were not attending school even though they were under school leaving age. According to parent and student reports from those in the interview sample, contact with these students who no longer attended programs comprised one phone call and the

students' decision to no longer attend was accepted with no other follow-up. Staff were however, particularly concerned about the outcomes for these students. For example:

I think the ones that don't really fit into the programs that we are running really need more support, you know to outreach to them if they don't want to come or just stop coming. In my opinion that happens too often. I may have worked with a young person at (name of program) one week and the next week I find out that they are no longer coming and that's not because they have gone back to school (ID 11, 13, 6).

Or another staff member said that:

I would like to know what they are doing. I have lots like (name of students) who still ring me on my mobile or come down here for lunch to see staff, but it is those we no longer have contact with that I worry about. I don't think there has been enough long-term follow-up and perhaps following up students longer is something we should be doing in any case (ID 3, 13, 8).

The parents of two of the students who had withdrawn from programs expressed anger and reported that their son or daughter should be at school as they were too young to be responsible for deciding whether to attend or not. This matter links to St Augustine's duty of care to students. Being a registered school St Augustine's has an obligation under the Code of Conduct for Victorian schools (Directorate of School Education, 1994) to ensure that if students are not attending that an alternative placement is sought. This is a vexed question for an alternative program that is seen as 'the end of the line.' As one staff member said *"when I say to young people if you don't like it you can go away and give us a call when your ready or go somewhere else, I know too well that there is nowhere else for these kids to go"* (ID 8, 6, 1). Nevertheless, some staff acknowledged St Augustine's was not doing enough to meet their duty of care. For example:

I think we have a duty of care to the students that come here and it is unacceptable for us to just say well they don't want to come here anymore, as we have a responsibility to maintain their engagement or to find them another program. But instead they can just drop out and we say that's their choice, well that's exactly what we complain about with mainstream schools, that they don't follow-up or take responsibility for disengaged students (ID 13, 9, 5).

8.1.2 Resources for follow-up and the length of follow-up.

The majority of staff reported that they did not have the resources to provide outreach services to students who are not engaged or who withdraw; nor do they have the resources to adequately follow-up even those students who are successfully maintained in school. Thus the length and intensity of follow-up or 'aftercare' was identified as a significant program issue. It is known from the literature that tracking students is one of the alterable variables that programs can have control over; it is an important part of effective intervention (Christenson and Thurlow, 2004; Jones 1999). The program policy is for staff to follow-up students for up to three months after they leave St Augustine's, although from parent and student reports this was not always consistently done in practice. Even so, three months or one school term was not seen as sufficient by staff. For example:

We tend to follow students up for one term but I don't think one term is enough especially if many are making the transition to high school next year. There are kids I don't want to let go of because their time is finished, but I just don't have any more time. You can leave it to school but you are not sure it is being done because they don't feedback that often (ID 4, 9, 7).

Follow-up for up to one year was seen as more beneficial both to maintain a connection with students, promote generalisation and maintenance of change and to identify those students who may have deteriorated or for whom circumstances had changed. For example:

It would be nice to follow them up for a year even if it was just once a term, just a quick meeting to say how are you going and what has been happening at school and that way the changes they have made would be more likely to continue. It's just that reminding, oh (name of staff member) is going to be here next week and then phase it out over time. And we could pick up if things are not going that well too (ID 3, 16, 5).

Staff saw the transition from primary to secondary school as a particularly critical period for keeping track of students but it is noted that this means working within a different service system. For example:

If you have to follow-up in high school, I won't necessary know who will be there to contact and who is working with them. So there is a whole lot changes when they go to secondary even the network co-coordinators are primary

school specific. It's hard to keep track of them too as these kids are always expelled from school and unless there is that consistent tracking you are going to lose them (ID 5, p. 11, 4).

Improving the length of follow-up also might prevent the rate of re-referral to St Augustine's as found in both the case study scenarios and the data provided in Chapter Five. It is noted that two students who were leaving St Augustine's during the course of the study were connected to the Typo Station program (Crisp, 2003) as this program follows up students for two years. Entry to the Typo Station program is expensive although closer program collaboration could be possible if this was identified as a priority in any re-organisation of existing resources or if a model of student sponsorship for this purpose was pursued. It is also noted as cited previously in the literature that there are a number of models such as 'Check and Connect' (Sinclair et al., 2000) that have been found to be effective in tracking and supporting students over time that could be developed. This discussion is however 'jumping the gun' in terms of how issues such as the length of follow-up could be addressed and the next theme identified was the need for better individual planning, the implementation of recommendations arising from assessments and review of progress using measurable goals.

8.1.3 Individual planning, implementation and review.

Individual planning is integrally linked to the need for better upfront assessment and knowledge about the needs of students so this issue will be explored first. Prior to the study an audit of a random selection of case files was undertaken and it was found that only ten percent of students attending St Augustine's had had a cognitive or educational assessment prior to referral. Furthermore, even though staff were trained on two occasions in the course of the study on how to administer the WASI and the WIAT-II and an assessment policy and planning process was developed, the majority of staff did not utilise the opportunity to conduct at least a preliminary assessment using these measures. Some staff however, did perceive a need for student assessments to be provided. For example:

I would like to see things being assessed better when kids come in with better educational assessments and a better understanding and goals around their emotional development so can really case review a young person as they come in (ID 11, 8, 5).

Two staff members identified the lack of assessment as a consequence of a lack of an established assessment and planning process being in place in order to work strategically with students. For example:

There is no process; that is referral, assessment, find out information from families, develop individual learning plans, a behaviour management plan and you build up the big picture at the front end, do the plans and implement from the recommendations we have got from the assessments and review it (ID 16, 13, 6).

Another staff member also said:

We also need a psychologist here and an OT. Shall I keep going? We also need a speech therapist. I know we say they should go through the network but in reality we can't wait for that to be done, it takes too long. In reality we need all those assessments done on the day they walk in and doing those assessments first to assess whether or not we can work with the student and to set a up a plan or do they need somewhere else that is more suited. We usually spend the next year fumbling through because we don't have that assessment at the beginning, we just learn as we go. But if we had a psychology and speech assessment and work with the family and you are getting information back then we could pull the whole thing together and do our work properly. Sometimes I feel that we are just surface working, working around on the top with what we have got (ID 13, 7, 2).

The lack of comprehensive assessments 'at the front end' which can then be acted on and reviewed was linked to a number of issues. Already mentioned in describing the theme of voluntary commitment, staff perceived that they lacked the skills to undertake assessments, although, as noted, they generally did not take up the opportunity when it was offered through the study. As noted in the above quotations other factors included limited access to specialist assessment services in mainstream schools and a lack of multidisciplinary staff on-site. The major thrust of the theme of individual planning however, was that without comprehensive assessments, program planning cannot occur with clearly specified objectives for change that can be reviewed to measure student progress, particularly if students are to return to mainstream school. This point was well described by the following:

We need to be able to send them back to mainstream school with a list of things that they have achieved that is measurable and accountable so that they

know what they have been doing and they know that it just hasn't been about time out. The schools also need that information to plan for the students' re-integration (ID 11,10, 4).

8.2 Relationship with the education sector and other services.

The second dimension identified from the staff themes was the importance of St Augustine's relationship with the education sector in order to support students' maintenance in or return to mainstream education and with other services to address their specific mental health or family support needs. The main themes that emerged from the experience of staff was the attitude and willingness of schools to maintain or re-integrate students and this matter was linked to the issue of the skills and knowledge of teachers in mainstream and their level of support, the involvement of student welfare services and the need for placement and support services and funding for specialist auxiliary services.

8.2.1 Attitude and willingness of schools to re-integrate students

The attitude and willingness of schools to accept students was seen as a major determinant of the ability of St Augustine's to re-integrate students back into mainstream education. Many case examples were provided by staff concerning the success of a student's re-entry to school being determined by a school's preparedness to have a student returned and maintained. Factors identified as being important included transferring the knowledge gained about what works at St Augustine's to the mainstream school, teachers' expectations of the students (i.e. "they are often too high") and the school's flexibility in being able to implement behaviour management strategies. These issues are explained more fully in the following case examples, provided by one staff member to clearly identify how the school's attitude can support or not support re-integration.

The first thing schools will say is "yes they promise", 'yes they tick the box' saying that they will provide ongoing support but like (name of student) at the moment he is back at mainstream 3 days and 2 days here and we rang them yesterday and they said 'he needs a new start somewhere else', so, they are going to pull the plug on that and that's wrong. Also they are not putting in our recommendations in terms of his management. Teachers will say things like 'he won't do the whole worksheet' and we say 'why don't you just highlight round the square the bit he must do and then give him some free time for doing it', but what comes across to me is that they want them sitting at

their desks all the time and doing the same thing. It is the same with (name of student), he needs to be removed from the classroom to calm down, it works very well here, he takes himself off down the end and comes back when he's ready and if he's not ready we say sorry (name of student) you need to go away for a bit more. We recommended that to his school and they said that it couldn't be done. But his main issue is his anger, not his work and it's about teaching him to calm down but they are already saying that he can't come back because they have no one to supervise him when he is out of the classroom. So that's the sort of stuff we are up against.

However we have another boy we have starting at St Augustine's and at his school they have had someone watching him for two hours on the playground every day and so he is going to continue to go to that school in the mornings and then his mum will take him home to feed and toilet him because he has Aspergers and he doesn't like to do those things in public and then she will bring him in for the afternoon program here. We will work together and it's good to see that they are not going to let go of him. They have actually made headway and it's the model that should be working for all students. So if they can do it, especially if they haven't got funding others should be able to also. ID 11, 15, 2, 3).

The last point mentioned in the above quote is the funding issues and this was the next major theme identified by staff to be an issue in collaborating with the mainstream school system.

8.2.2 Funding support and the need for placement support groups.

As St Augustine's is funded as a special school, students are ineligible for applying for Disability and Impairment (D & I) funding (DOE, 1998a) and as a result do not have access to additional funds to provide specialist services. Furthermore if a student has D & I, these funds do not necessarily accompany the student if they change schools or attend St Augustine's. The funding remains with the school that made the application and often the school may have used these funds in other ways, so access to these funds for the student once they attend St Augustine's is a matter for negotiation. For example:

The D & I funding comes to us but the schools negotiate how much they pass on. What happens is if they have got funding prior to a young person coming here then they will have budgeted that funding for a year for an aide so if the

young person gets a position here they can't close the aide's position so with (name of student) for example we only get a proportion of his money because the aide that is already there (ID 11, 9, 5).

It is however, a requirement for students that receive D & I funding that students have a program support group (Ibid, 2002). However, even if a student had a placement support in their mainstream school, once they attend St Augustine's these groups have historically tended to cease to function and often the relationship with the student's past school was severed, particularly if they had not attended school for some time. Staff mentioned that: *"we are just starting support groups this year as we don't have the support groups that we need to plan for their transition back to school or to advocate for them"* (ID 18, 6, 2).

The overall thrust of the themes of working with mainstream schools despite these funding and organisational support matters from the staff's perspective was that there should be a shared responsibility for the student between St Augustine's and their schools. For example:

And I suppose thinking about the recommendations I would like to have students who come to St Augustine's at least going to mainstream school one day a week at the same time. This would make the schools a bit more responsible rather than just saying okay 'you are going to St Augustine's' and then wiping their hands of them. I know that not all schools do that but it happens more often than not. And the young people can feel it too when the school has dumped them and that is harmful. Their education should be a shared responsibility between mainstream and us (ID 16,12, 5).

However, one of the major difficulties if students attend both St Augustine's and their mainstream school is that only one school is eligible to receive per capita funding from the Commonwealth Government, that is, students have to be on the roll of one school at the time of the census that records the numbers of students enrolled. Furthermore if a student is receiving D & I funding at their mainstream school, it is necessary that they maintain their enrolment at that school in order for the funding to be maintained. This can result in a 'catch 22' situation for the students as illustrated in the following quote:

Once they lose their position at mainstream totally and they are not connected to a school they are not entitled to funding anymore, so if we take them on full-time here they don't get D & I funding. So that's an issue for (name of student) as he is going to 'The School' here at this stage, but if they cut out the

funding that means that if at anytime he wants to return to mainstream there will be no funding for him, so we are trying get him linked to a school in case he goes back and the same for (name of student) because whilst he's not going now but we don't want to close the door. It's a real dilemma (ID18, 8, 5).

The need for student welfare, especially psychologists, to be involved was also seen as a necessary requirement, particularly as they are responsible for accessing D & I funding and can assist in intervention and transitional planning. This is however, also a boundary issue as once fully enrolled at St Augustine's as a Catholic school they should be accessing the student welfare services provided by the regional CEOM offices, although in practice these services were not utilised by programs at all during the course of the study as the majority of students are referred from State Government funded schools.

So to sum up this theme, the majority of staff perceived a need for students to maintain links with their mainstream school although there were reservations:

I think it is a very good thing to have kids stay with one foot in the door at school if you are on about getting the kids back to school. But it depends on the kid and the place and if they don't want them there then it's not going to work. If they don't like the student, nothing is going to change back (ID 11, 9, 3).

However to maintain a student's 'foot in the door' might require earlier intervention, a clearer delineation of the target group, interagency management and policy structures, and a reconfiguration of services to reduce waiting times for entry into some of St Augustine's programs. These were some of the other critical themes identified under the dimension of program planning.

The other recommendation from staff was to be able to relieve St Augustine's staff members from working in their programs to work in the school alongside students and teachers in mainstream schools *"even if just a morning a week"* as it was noted that *"many staff are skilled at working with this target group and have the type of on the ground understanding that many schools and teachers need"* (ID 11, 13, 4). The other method that has been identified in the literature is to have the student's aide from their mainstream school accompany the student, at least on a part-time basis into the alternative setting so that the aide can be skilled up and the student can

generalise their behaviour and the strategies they have learnt with someone they have a relationship with in the mainstream setting (Jones, 1999).

8.2.3 Co-operation and collaboration with mental health services.

Working with mental health services and accessing psychological help for students with difficulties was described by staff as a situation of '*banging our heads against a brick wall.*' Staff provided many case examples of this and one of these situations is illustrated below.

A classic example of what we are up against is (name of student) there is no support until he offends and we have to sit and wait until this young person is a perpetrator yet we know it is going to happen. He had got every single sign, his father is in jail because he is a perpetrator and yet we are sitting around waiting, and there is not a service in Geelong that will work with him. I rang every service. They can't do anything for a young person with sexually inappropriate behaviours until they offend. We are on the ground and see some really concerning stuff and we are alarmed and you have got to be able convey to that and get a few changes rattling as a result. But when our advice and our observations get ignored on that level it's not good for anyone, let alone the student. It really gets up my nose when we know that a student is in serious trouble and the local CAMHS tell us that the students doesn't need their services. If we had a psychologist on board to consult we may have more weight (ID 20, 17, 3).

On the last point, many staff stressed the need to have a psychologist on-site not only for assessments but to plan interventions with students and to advocate on behalf of students in order to breakdown some of the programmatic silos that exist between sectors. For example some six years ago according to one staff member there was a psychologist who worked with students. This was found to be very useful as the psychologist had an established relationship with staff and took their perceptions seriously on board. This is described in the following quote:

We used to have a psychologist that worked with us. We would send young people up to her for testing. She had a relationship with the place and used to come in one day a week or something like that to consult with us and it was really useful as she took us seriously. Actually that was going back in time quite a bit but she would do the testing and advise staff. But we found it

useful and valuable. She knew us as staff and took what we said as meaningful; whilst now it appears we aren't taken that seriously with other services when we raise our concerns about students (ID 11, 13, 2).

The final difficulty identified in working with other services was the need to better support and work with families and this dimension is described next.

8.3 Family issues.

The ability to work with families was seen as a significant gap in current service delivery and was raised as a theme by the majority of staff that made statements such as *"what is happening in the family is critical for students and related to whether they are achieving or not achieving."* Staff provided many examples of the stress parents were under in managing their son or daughter's behaviour at home (e.g. "here he is fine but he is uncontrollable at home") or the impact changes in the family can have on the student's sense of wellbeing, behaviour and attendance at school. For example:

I think it is pretty clear, we could look back and I said to (name of staff member) the other day, we could look back at our attendance records and when things are going well at home they are doing pretty well here. When we get a phone call saying there has been a break up in the family or they have moved somewhere else or mum's got a new job or two new kids or a step father's coming into families then it can be all downhill for the student (ID 8, 10, 7).

Many parents and students in the interview group also freely shared details about the family conflict difficulties they were having and the researcher provided the details of agencies that they could contact for family counselling. However, it was found that in following up the progress made as a result of being linked in to services, parents in general were dissatisfied with the help they received. In Warren's case for example, (cited in Chapter Five) a parent support worker was allocated to the parents and a youth worker to Warren. The parents saw their worker regularly over a three-month period and found it helpful in dealing with their grief in relation to another matter. However, the youth worker frequently cancelled appointments or did not turn up at the appointed time and his mother reported that *"to Warren he (name of youth worker) was just like everyone else, he stuffed him around and let him down."* Another parent in the interview group also said that *"the worker comes around and takes (name of student) out and that's all very well*

but he doesn't see what (name of student) is like with me, I can't even go down to the shop with him without being embarrassed and experiencing abuse, so it's not much help to me" (Parent ID 27.2, 1, 6, 4).

The case scenario of Mike in Chapter Five also illustrates the stress parents can be under. Mike's mother accessed a family counselling service that saw the entire family in the first session but then she reported that the counsellor said that: *"he didn't need to see Mike anymore."* After a violent incident at home his mother pushed for the counsellor to talk to Mike but she reported that he only saw Mike for one other session and *"I think he just got him to do some drawings and things like that."* His mother had hoped that *"it would help bringing him in, I thought he may be able to talk to him, as I'd like to get to the bottom of why Mike gets so angry and try and work out a way to help him but the counsellor is just seeing us and keeps on asking us what we think we should do, cause he told us from the start that he can talk to us but we have to put the hard work in. I'm not sure it is helping at all"* (Parent ID 27.3, 3, 12, 2). From these case examples, the theme arising from the parents' experiences is that the family support services they accessed didn't work on the family dynamics or their family relationship difficulties.

Staff also reported that accessing family services was difficult as there are long waiting lists and that they were for example: *"very keen at getting a parent education group running. There is nothing currently in Geelong where I can refer a parent of an acting out adolescent for parent education, I have tried and there is nothing"* (ID 4, 8, 6). Even if services are available or being accessed the issue of fractured case management and a lack of co-ordination was of concern to the youth workers interviewed in particular. For example the following quotation describes the current situation from the staff perspective:

So with some families they could do with a whole lot more intensive support to work with through some issues that we don't have time to do and you could spend the time referring them elsewhere but you can't always find somewhere for them or there is waiting lists whereas if we had resources like that here we wouldn't be over servicing them with lots of different people. I think that is one of the frustrations for me is that it can get to that point they have teachers and youth workers here and then they have got counsellors and drug treatment workers over there and this and that, and then you have this young person here and you have all these workers trying to co-ordinate themselves and it is hard enough for young people and parents to talk to one person (ID17, 6, 1).

Again an older staff member recalled a time when there was a family worker on staff at St Augustine's and that this was a valuable asset. They said that:

There was a time when we had a family worker and just did family work and you know I reckon that was huge benefit because there was work done at home with a couple of students and that made a huge difference and a lot of the time it was just practical stuff too, you know educating parents and things like having breakfast and getting them uniforms for school (ID20, 13, 5).

The following quotation sums up this issue from a staff perspective:

We need a family support worker or a family therapist and we need a psychologist on site. It isn't reasonable to expect that you can send us a five year old with such a range of serious inappropriate behaviours which mean that he cannot stay at mainstream school and for us to have no specialist supports for him, not to mention for his mother who is really struggling too. We don't have the time or the skills to work with the families effectively, we don't know how to and we don't have the qualifications. You can't expect teachers or youth workers to be able to manage that sort of holistic stuff. I believe that we ought to be a holistic service that doesn't just work with the young people but works with the families effectively and deals with what is happening both at home and at school (ID13, 16, 3).

The other two major issues identified under the dimension of family support was the difficulty many families have in negotiating the education system (noting that there were numerous examples of this from a parent's perspective given during the course of interviews) and the need for St Augustine's to better include parents and families in the school community. The following quotation is an example of the theme of the difficulties parents may face in negotiating the education system and later, under the program planning issue, the involvement of parents in the school community is further described.

When you talk to parents they have no idea about the process they have to follow like whom they have to meet with or what the protocol is either so it is pretty difficult for young people. It is easy to get kicked out of school but it is not so easy to get back in if you don't know the structure of what step one is and step two is and so we have young people that have been with us for a year and each term they are going back to school but you make five phone calls to their school and each time their parent never goes to meeting arranged and I

guess they are a bit anxious about going too and the kids will openly say “I will go when mum gets around to it or whatever. (ID 8, 12, 1).

8.4 Program planning issues

The dimension of program planning incorporated a broad range of themes and these were sorted into the sub-headings of program delivery, staffing issues, ethos, organisational and structural issues. The first two key themes under program delivery concerned the characteristics of the target group attending programs and the goals and the length of program intervention which in turn influenced the length of the waiting list particularly for programs that offered a full-time placement such as St Helens’ and ‘The School’. For students unlikely to return to mainstream school there were also issues related to transition pathways into further education and training and accessing work experience. Finally, there existed a diversity of opinion and perceptions between staff about the priority given the academic learning and achievement and the role of the generic token economy system versus providing better individual support to students.

8.4.1 Changing target group.

Currently referral source (e.g. network coordinators, mental health case managers), the age of the student and the level of their disengagement from school primarily define the criteria for the referral and acceptance of students into the different programs at St Augustine’s. There is a lack of any documented exclusionary criteria and it was noted that during the course of the study it was rare that any referral was rejected. Changes in target group characteristics such as the type of mental health difficulties or the background circumstances of students may vary over time because of program and policy shifts in the broader service system. In the interview process, staff were asked whether or not they perceived that the target group had changed over time and some staff perceived that the group had remained consistent while others felt that there had been a dramatic shift in the type of students referred. The group of staff that perceived no change in target group did however note a change in the behavioural management techniques used over time, particularly around the reduced use of physical restraint. For example:

I don’t think the kids have got more difficult or changed much over time. Thinking back to the students we had years ago I can just think of some really difficult ones, but we used to use physical restraint a lot more then and looking back in hindsight that caused more problems than it solved and so there was a

lot more violence around the place then as a result. We also used to time out more and we even had a room for that (ID 14, 11, 5).

Other staff that believed that there had been no change in the target group over time, noted that any perceived change might simply reflect an increased recognition and diagnosis of the students' difficulties and better pharmacological intervention. For example:

No, it's always been a mix and I think we have always had Aspersers kids even if it wasn't called that back then and a few kids from residential care and those with abusive backgrounds. And also the Tourette's, and the ADHD which is probably another new invention, but hyperactivity has always been there but the difference now is that they are better medicated (ID 20, 14, 5).

In general, however, the majority of staff, particularly those who had worked at St Augustine's for many years identified a shift away from what was coined by many staff as 'streetwise kids' to those more likely to experience developmental disabilities and mental health problems. For example:

The students when I first started were primarily very much streetwise kids and they did not have support networks, they were really pretty much on the streets whereas the kids that we are taking now are more concerned with mental health and disability issues. And most live at home now too, where as in the past a lot of the ones we had were living in residential care. And when I first started even if the kids that had mental health needs weren't identified with these as such and in comparing those kids to the ones we have here now, their difficulties are more obvious and complex (ID 1, 5, 2).

Within specific programs shifts in the characteristics of the target group were also noted. In the EMU programs the students' difficulties were seen by staff as more complex in recent times as "*we are getting them when they are at the end of the line,*" and in the YEP program during the course of the study the group changed from those in residential care or being involved with juvenile justice and not attending school to a group of students that were more likely to be living at home and attending school. YEP staff noted that: "*we are now getting the sort of students that would be referred to EMU as DHS doesn't seem to be removing kids from home as much.*" Staff reported that students referred to 'The School' were increasingly those students with neuro-developmental disabilities and that

students referred to St Helen's were noted by staff as being more disturbed and at a younger age.

Many of the students with developmental difficulties who attended 'The School' were now being referred onto New St rather than being returned to mainstream school. New St is a less structured program designed to work with 'streetwise' students and to prepare them for employment. A number of parents of students in the interview group that had their son or daughter referred from 'The School' to New St reported concerns regarding the lack of structure and consistency in the New St program. They perceived that the less structured environment and the more flexible timetable did not meet the needs of students particularly those with developmental difficulties, those who were very emotionally immature for their age or those students who had significant mental health difficulties. For example one parent said: *"he needs a rigid routine otherwise he becomes anxious and acts out and they (New St) just couldn't seem to accommodate him like they did at 'The School'"* (Parent ID 36.2, 2, 7, 6). This last point illustrates how the design of programs needs to match the needs of the target group and for the students' age not to necessarily be the main entry requirement into programs.

The perceived shift to an increasing number of students with developmental disabilities for example, also required the learning of new skills and some staff reported to be 'struggling'. For example:

Particularly the Aspersers, it's such a struggle because whatever I am doing for them it just doesn't seem to be the right thing and it would be nice to have some sort of theory or knowledge to work with them, but we just have to plan for them in the best way that we know how to (ID7, 5, 7), or:

You don't want to have a glut of all Aspergers for example because we are just not equipped and it is all trial and error learning and if you get it right well its just lucky at this stage (ID 20, 19, 5).

A number of the staff that had noticed a major change in the target group questioned why this had occurred and were concerned about where the 'streetwise' kids were, although as noted in the quote below, the change in target group characteristics might be the result of a cyclical pattern. For example:

Another thing I would like to come out of the evaluation is why we have had the big shift in the type of young people we are now getting. Like in the past

they were typically the young streetwise kids and I wonder where those kids have gone? I'm sure they still exist but we are not getting as many referred. I mean have the schools set up programs within themselves for these kids? And why are we getting so many with diagnoses like Aspersers, ADHD and so forth? You wonder whether it is just because so many young people are just being labelled now but you do wonder where were they beforehand and how were they being maintained before? I just find it really interesting the big shift in the group of young people we have got. It's just a massive change in the sort of clientele. But who knows this time next year we might have a swing around? (ID 12,18, 2).

To sum up this theme, in general staff believed that there needed to be clarification around the target group they worked with: *"as we need some guidelines about what target group we should be working with and what we should be trying to do, because the way it has developed is a bit of ad hoc"* (ID 21, 8, 3). St Augustine's being more proactive in defining the target group is an important consideration because it is integrally linked to the type of interventions offered, the outcomes sought and the development of staff skills. The targeting of services also needs to consider the demand for service and the point at which intervention will be most effective. This leads onto the next major theme under program planning.

8.4.2 Goals and length of intervention.

The primary goal of intervention for the EMU programs, St Helen's, The School and increasingly for the YEP program is to return students back to mainstream school. During the course of the study the time limit for attendance at St Helen's 'The School and New St changed to 12 months as a result of students often staying for longer periods. Given that the study found that a significant proportion of students attend more than one program, and many staff reported that: *"at least we have other programs here to refer the students to if they can't return to school"* (ID 18, 12, 5) a key question concerning the length of intervention raised by some staff was the following:

We want to return students in 12 months. Does that mean one program works for 12 months or three programs work for 12 months each? Everyone is saying it is for 12 months and that is not the reality and that is the decision we need to make. But what do you do if the 12 months is up and they are not ready to go to school? Currently we are keeping them here (ID 13, 14, 3).

Limiting the length of intervention was a concern for some staff, for example:

I am worried that if helping the kid to develop and grow is replaced by demanding skills and outcomes within a strict timeframe that you won't see a development in the kids that are broken or are damaged or there is something in their life that is not working for them when they come here. They need the time to heal and that shouldn't be time limited (ID 20, 17, 2).

On the other hand, if students were to remain at St Augustine's for too long, other staff reported a number of concerns about the impact of this. Factors cited included students finding the change in environment extremely difficult to cope with after a long period away in a supportive program, particularly if they are going to have to return the school where they experienced personal trauma; that students can lose their school skills such as *"responding to a bell, lining up, or sitting at a table for a certain period of time"* and that they remain isolated from their peers and their local community. Isolation from peers and fear of peer group contamination was also a theme raised by both parents and students and to quote one parent: *"he needs to be spending time with 'normal' kids because he gets none of that here. I mean he feels comfortable but he is not making friends in his local community and he needs that too"* (Parent 28.2, 2, 8, 6). Staff also were concerned that denying students access to mainstream school could be seen as an injustice, and again the theme reflected a position that it is beneficial for students to *'have a foot in the door'* at mainstream school while attending St Augustine's. For example:

The reality is however for these kids that they will probably stay at St Augustine's but I also think we are doing an injustice in some ways if we don't allow them just to try a bit of group work in schools even if it is just an hour or morning session there and then with them coming back here. I think that if we just move them on to other programs here without the opportunity to experience a bit of mainstream that they may in older life, think that they have never had a chance (ID16, 5, 4).

The other consequence of students remaining at St Augustine's was the impact this has for students on the waiting list that may not be attending school. For example there were a number of students in the interview group that remained at home for six to nine months while awaiting a place at St Helen's or 'The School'. As this staff quote indicates lengthy waiting lists may lead to a cyclical pattern because the longer the student is out of school the harder it is to return them to mainstream.

We have eight on the waiting list for St Helen's and six for 'The School' at the moment but the issue there is all those kids are out struggling at home while they wait for a place here. We are offering them an alternative, but we don't have the throughput and when they get here, we can't get them back to school, so they stay at St Helen's until they take a place in 'The School' and then they stay there until they are old enough for New St. The result is that the cycle repeats itself with longer waiting lists as a result, so we are not really meeting the community's needs for alternative education (ID9, p. 14, 1).

The reality supported by the data in Chapter Five and from staff themes however is that:

Once students are in early adolescence and are totally disconnected from school, saying to a 13 or 14 year old for example that we will put you back into mainstream school full-time is unrealistic in the majority of cases although it might happen in some cases. In the majority of cases the boat's been missed, it doesn't mean that you give up on them but it is not mainstream anymore (ID 13, 15, 7).

The New St program therefore is an important pathway into the other services for this group of students. New St was set up as a transition-to-work program. However one of the staff themes was that students are generally not transitioning to work anymore and if they do they are in very low skilled jobs. The task therefore is to prepare the students for further learning in a vocational setting and this consideration relates to the issues of target group, the focus of intervention and the relationship the program has with other services. For example:

The argument is that we (New St) are a transition to work program but a lot of them will never be going to work so perhaps we should be selecting a different group of kids or be focusing more on basic living skills rather than transition to work skills. I suppose if we were a transition to work program we would have more links with employers and have kids going on work experience and so forth but we don't do that now as it is very tricky now or even just to find them part-time jobs while they are here. Those kids that do tend to have part-time jobs somewhere have got those off their own back, not through our efforts (ID 10, 9, 3).

Another staff member looked back in time and expressed regret that there was no longer the opportunity to provide a pathway to work. For example:

Well I suppose when I look back at a time when the place had reached its peak there was a progression on from New St where they were running these industries and kids were earning money and producing things and it really gave the kids in the school a pathway to work and I think taking that away means less purpose in what they are doing here. They have the Gordon (name of the local TAFE college) but that is removed from them and means more study. It would be great to have those employment programs back for the kids (ID 9, 12, 5).

The reality is that the modern economy and the education system requires that students have a period of further education after transitioning from St Augustine's. This consideration is related to the next major theme identified as an issue in service delivery and that was the priority given to academic achievement.

8.4.3 Priority given to academic achievement

The staff themes identified a tension between program engagement (i.e. learning being fun) and academic learning (i.e. doing school work), and a difference in opinion between staff about the importance of academic learning as opposed to teaching socialisation skills. These tensions were then related to the extent to which academic learning was integrated with activity-based learning in practice, how well the academic curriculum was tailored to individual learning needs and the perceived reality that it was difficult to have a focus on academics when students were either unmotivated, attending part-time or were only doing a limited number of hours of 'schoolwork' each week. Examples of the issues raised by staff on each these factors are provided below and are given as extensive quotations because they describe the dilemmas related to these issues very well.

With respect to the first factor, the tension between program engagement and academic learning, one staff member made the following comment:

There is a tension between student achievement versus student engagement. That is a constant tension in programming. Is it better to have a really strong focus on achievement and run the risk of putting so many young people off or is it better to keep them engaged so that they might learn? I think there is a strong cultural mistrust of schooling and a predisposition for many of the young people to be resistant to engage in learning processes. On a given day,

we might have 10 kids attending but only 1 or 2 wanting to do some academic stuff. So that presents a challenge of how to marry those sorts of things into the program (ID 14, 9, 2).

This tension was then reflected in the theme related to the priority given to academics in the curriculum. Some staff felt that academic learning was not a priority in programming. For example:

I know that because we are a school and we have to put on the education front but 90% of what we do is socialisation. My personal belief is that you need to be a good person first and if you are a good bloke it doesn't matter that your not that smart, you will still get work and you will build a network of friends and someone will give you a chance if you are a good person. I know guys that can't really read or write but they run businesses. So it's about teaching honesty, reliability and trustworthiness, these are the goals for the students in my opinion (ID 7, 6, 1).

Others believed that a focus on academics was unrealistic given the part-time attendance of students in a number of programs because of discontinuity, that is *"only coming in for a couple of days makes it really discontinuous and that doesn't help them with their motivation or having some consistency in what they are supposed to be learning "* (ID 21, 6, 2). Some staff also identified that the time that can be devoted to academic work was also another important consideration for not making this a priority focus. For example:

If they want to have high academic expectations then they are better off being at school because we can't offer that in part-time program. You know they all talk about getting a Year 10 equivalent so I can get an apprenticeship, well I say go back to school because when you are doing 2 days a week with an hour of academics in a morning and there is no way known they are keeping pace with kids doing 30 hours per week, so those kids at school are doing in one week what we are doing in a year. As far as I am concerned as long as they can read the Geelong advertiser and the surf reports and weather and so forth then that's okay (ID 8, 12, 3).

Other staff felt very strongly that a focus on academics was important and that currently service delivery is 'unbalanced' and not focused on students learning to become literate and numerate. Furthermore some staff noted that the academic work was too generic and not linked to individual learning needs or clearly identified learning outcomes. The need

for academics to be individually tailored was illustrated by the following quotation:

If we are asking them to do some academic work, it does need to be more specialised, because if a student has real difficulty reading and writing then should it not be more specialised and tailored to the individual rather than just handing out generic sheets or playing board games. Do they need to have some sort of educational outline like in 2 years we would like you to have achieved this or that? (ID 21,7, 4).

Other staff also identified the need for better work to be done in linking academic learning to the practical activities as outlined in the CSF (2002). Staff not involved directly with the teaching of academics and who primarily delivered activities perceived that in practice there was not enough done to link teaching maths for example with the practical application of numeric learning. For example:

It is more of a teachers' area but my experience in the shed, is when I ask them to do a basic drawing and then we will put dimensions on it and I find them asking me 'what is a dimension'? And I get them to measure and a lot of them don't know the difference between millimetres, a centimetre or a meter and I am thinking what are all these hand out sheets doing? Shouldn't the academic stuff be more related to their hands on work and their interests? You know you can say to them, 'measure 160 millimetres' and sometimes they can't even count or recognise 160 on the ruler, so do you put in a academic program to deal with that or not bother because they are that low anyway? Shouldn't we be encouraging them to do that work, because at the end of 2 years with us or even longer it might be great that he has come into the shed and surfed and done go-karts and 10 pin bowling but he hasn't improved with his reading and writing at all? (ID 19, 11, 3).

It is noticeable that the majority of students also do not do any homework which is linked to issues of home-school school collaboration nor have programs such as volunteers coming in to tutor students and so forth been utilised. Although again reflecting on the past, one staff member did recall that: *"they used to have the ones that were more ready for school staying back and doing extra academics after school and we currently don't provide any extra individual help to students academically. I don't think that happens in any of the programs and some of them need more intensive help to catch up"* (ID 16, 10, 7).

To sum up, the literature is very clear about importance of having clear academic expectations and promoting achievement, particularly if the goal is to return students to mainstream school (e.g. Lange and Sletten, 2002; Stone, 2004; Visser, 2005). Therefore, debates on the programming and support for students' academic achievement would appear from the staff themes to be another primary issue that needs further clarification.

8.4.4 Use of the token economy system versus individual work.

Psycho-educators maintain that systems of points and levels rarely lead to internalisation of control with any significant longevity unless techniques such as Life Space Interviewing are employed to alter the students' values, affect and cognitions and to teach new coping skills (Hobbs, 1982; Rich et al., 1982). In using the definition of psycho-education being the integration of psychological theory with education, the use of cognitive behaviour therapy has been found to be effective in working alternative school settings (Etscheidt, 1991; Gresham, 2004; Row, Robinson, Smith & Miller, 2002). However, one of the major themes arising out of the interviews was that there was a difference of opinion between staff about reliance on the use of the token economy in changing behaviour versus talking and understanding the students' experiences and cognitions. On the one hand some staff believed the following:

It's very much not let's go and talk about what's going on, it's this is the consequence of what the student did in that session rather than talking about why they did it. We say to the student that 'if you want better access to our program or to the timetable, these are the things you can do'. We don't go into spending a lot of time looking at why they are behaving in a particular way, but instead try to reinforce that when they behave in a particular way, then this is the result you either get points or you don't (ID 8, 15, 6).

Others held a very contrary view, for example:

I spend a lot of time with students talking about how they are feeling and giving them an opportunity to open up and talk about things. They often don't have that power at home or over themselves in their peers groups when they are out of here. Talking to the students is more important than giving points in my opinion (ID 17, 7, 5).

Staff perceived a major barrier to doing more individual work with students was current staffing levels, particularly in the programs that were based on two-worker models. Again this quotation reflects a fond reminiscence of times past but it illustrates the current

dilemma of being able to spend time alone with one student when at the same time the staff member is working with a group of students.

Years ago in we used to have an activity worker (who was an unqualified youth worker) that used to do all the self-esteem games and the play stuff and it would be really good to be able to do that again to support the teacher and also give a teacher some time to do some 1:1 work with students, you know the TCI approach. We really aren't set up to do that at the moment because if I say to one boy 'can I have a chat with you for a moment', as soon as you leave the other three you have mayhem, and how can you do it so the student has some privacy but you have to have an eye on the others. If we had more help one staff could take them out and talk to them individually to find out what is going on and then re-join them into the group. Or maybe having Gordon students or whatever come and help to free up a bit of time. The problem is that we don't have a structure where we can do any individual work with the students (ID 2, 9, 5).

Finally other staff noted that the effectiveness of the token economy was also dependent on the needs of the target group and the quotation below illustrates the need to match program interventions with the characteristics of the target group. For example:

It [the points system] works really well with borderline ID kids, and Asperger type kids I have seen them thrive, and the kids that just don't have much in their lives, impoverished kids it works well with as they can experience getting some goodies, they can get their chips, their bar of chocolate or their MacDonald's lunch. Whereas kids that are sophisticated and that get lots of stuff at home, it doesn't work for. Also I've had DHS kids and I have said 'you didn't get good points for this session' and they have said 'I don't give a shit, I can go home and act up all I like, the more I misbehave the more I get you know'. I don't think it works especially well for conduct-disordered kids either because they couldn't care less anyway. Also, generally speaking the young women don't get into it as much as the young men because they have more internal controls and they don't need the reinforcement (ID 14, 12, 1).

8.5 Ethos and developing a sense of school community

One of the noticeable aspects of St Augustine's to an observer coming in from the outside is how quiet the school campus is compared to the hustle and bustle of mainstream school. There is an absence of parents being involved in or having management input to the running of the school and its activities. In mainstream schools, parents are on various school boards and committees and involved for example in fundraising activities, preparing for school concerts, reading to students, maintenance of the school grounds and buildings and writing to government about matters such as voluntary school fees. However at St Augustine's there is a noticeable lack of parent input and structures for their involvement or any regular mechanisms for communication in the form of newsletters or feedback surveys. At the commencement of the study there was a school newsletter (STASH News) that reported on school activities and the achievements of students across programs each term, but due to the person responsible for developing the newsletter leaving, it was discontinued. Similarly staff reported that there used to be a cross-program parent support group that ceased to exist after another staff member retired. Previously there used to be Youth Congress where students could meet and air their views about improvements in service delivery but for some reason this was no longer a part of the schools' infrastructure. Further one of the major themes from the interviews with parents and students was that they were unsure whether or not they could contact staff after leaving St Augustine's, especially when difficulties were experienced. Some of these procedural issues could be addressed if there was better documentation about services provided and if there were forums for parents to obtain informal support from other each other while their son or daughter attended St Augustine's.

A number of staff reported that they perceived that the difference in the level of parent and student involvement between St Augustine's and mainstream schools was a consequence of being administered by the welfare sector rather than the education sector. In the education sector, parents are expected to have active input into the school's functioning and matters of accountability for the expenditure of public funds and services delivered, whereas in the welfare sector parents are not necessarily seen as active partners in service delivery. For example, during the course of the study there was an extensive refurbishment of the school and as one staff member commented: *"so all of the building works that we did for example parents and students should have been consulted about what they would like but they weren't. It's like they have no place here and no voice. It's the welfare culture dominating again"* (ID 1, 5, 8).

The need to develop a sense of community was raised as an important theme by a number of staff. Improving the ethos of the St Augustine's as an inclusive community was seen to have important benefits for parents, students and staff. For example for parents:

We need to provide more informal support for these families and assist them to feel that they belong to a community. The families here are in a position of having no experience of pride or a sense of hope for their children and it is not present for these parents. They are stuck in this incredible state of impoverishment and isolation. We need to be providing a range of activities for them to also experience success and involvement in their school community (ID 13, 14, 5).

Many staff also commented on the existence of program boundaries, for example: *"I see five different graduation ceremonies and a few parents sitting there isolated from one another"* and the lack of cross-program work. These staff perceived that the TRIBES training had not been implemented as intended to facilitate a co-operative school community. As the following quotation below indicates the lack of community between programs was perceived to be the result of staffing and funding cuts.

TRIBES is also about developing a school community and here I have noticed over my time that we have become more program orientated and less whole school orientated, if you know what I mean. Everyone's for their own program and I often hear people being critical of other programs or the way they do things, it definitely not a whole school feeling but I think a lot of that has come from funding issues and pure survival, not wanting my program to be the one that will be cut. But if I am not working in a program I really wouldn't know what was happening in the other programs such as (name of program) as there is limited cross communication or a chance to get together where we could talk about our differences and similarities, at least that's how it is for me only being part-time (ID 5, 8, 5).

Others perceived the barriers to be that staff worked very differently and felt protective of their own territory. For example:

It is very hard because we work in different ways and we were looking at bringing in a program on grief and loss across the board for students but then again people are very protective of their own and there would need to be long

discussions before there was anything umbrella, so some would be willing to let their students be involved in this initiative but others aren't (ID 12, 13, 4).

Longer serving staff members did talk about a time when there was a lot more collaboration between programs for example, a school sports day, evening socials, fairs or *"years ago we did a big commando course where we did rock climbing and swimming, abseiling and it involved the whole school and we did it in teams but that has just totally gone"* (ID 2, 9, 3). The better implementation of TRIBES across St Augustine's was recommended by a number of staff as a means of addressing this and to facilitate a sense of community for both students and staff. For students this could involve for example:

I would love to see the TRIBE approach implemented across St A's. I would love all the programs working together in some ways with the older ones working with the younger ones and building that community spirit but I have been shot down a few times for trying to suggest that but it would give the students a bigger sense of group (ID 16, 9, 7).

Or from another staff member:

One thing I talked about last year when we were having the big restructure and I was talking about the need to combine programs more so that we are not so isolated. For example having a student representative from each program to form a TRIBE. And we could have school sports days, it wouldn't have to be competitive or where you had to race but we could have novelty events, like catching a ball off a diving board where we all go out together as a school community rather than being segmented groups. We could have novelty events and the parents could come along and join in the fun and have jobs to do. But of course that again sounded a bit too hard for staff to take. But that would be great (ID 3, 15, 6).

As described in Chapter Seven, TRIBES is also concerned about reflective practice between staff. In terms of this area some staff felt that people had become entrenched in their own program cultures and ways of operating, for example: *"some staff just think they are doing the right thing without reflection and they do not want to do any more work than necessary or to change how they operate"* (ID 5, 8, 5). Nevertheless, a number of staff provided ideas on how this could change. For example:

I think TRIBES has a lot to offer but it really needs to become practised with the staff as well. Rather than say giving a very short acknowledgement by

having a TRIBES activity at the beginning of a meeting, we should be taking a whole lot of the learning of TRIBES into our staff meetings. Meeting wouldn't just be about disseminating information. We might take a case study and split up into groups to discuss it and each group to come up with a response so that we are learning more from one another. You know, sharing best practice and good practice across our teams. You know on one level you can say we have a strong learning focus because we do this professional development training all the time but we are not learning from each other hardly at all and there is a huge amount of wisdom and knowledge amongst the staff that simply isn't shared (ID 11, 17, 6).

Finally in developing a sense of community, other staff identified that this may have the benefit of better utilising existing resources. For example:

It used to happen that we would have a Surfcon involving a staff member from 'The School' and from New St and we would bring in four kids from each program together and it was a much more efficient use of staff time whereas now say 'The School' do surfing and take two teachers for three kids and the same for YEP and New St are all doing the same thing, so it's not a really an efficient use of our time or resources. And it is a bit onerous to have all of the staff here trained and kept up to date with all the recreational qualifications so it would be a good idea if we pooled resources more often (ID10, 14, 5).

There are also music and art rooms set up at St Augustine's both of which are rarely used and the better use of existing resources and involvement with the community was reminisced upon by another staff member. This quotation particularly illustrates one of the other themes, which concerned providing activities that were more attractive to young female students. For example:

What is missing at the moment for the kids is art and things that are therapeutic for these kids, okay we have adventure learning but music is very therapeutic and art and those two programs aren't here anymore with a proper teacher to take it. We did have a drama teacher and we actually put on theatre of the oppressed in Geelong and the music teacher put on a concert at Clockwork where all the staff came in and we went to a disco night with the young people and this provided that sense of community for staff and young people to get together. Music and art aren't even looked at the moment, which

is a great pity. To see a bunch of young women for example, I was over in the Heritage room with (name of student) and I just opened the door to the music room and she was amazed to see what we have in that room. In the end she was reading some words from songs while I played guitar and you could see the development plus she has taken the notes home to think about singing some songs together. It is a resource that is not being used. In those days the music teacher got paid a little bit but he also came in and did it voluntarily (ID 14, 13, 3).

8.6 Organisational and structural issues.

Themes that were incorporated into the dimension of organisational and structural included issues around funding cuts and ongoing program viability, model development and articulation (i.e. 'who, what, why & how'), the need for better documentation, strategic planning for the future and advocacy on behalf of alternative education services. Issues surrounding each these themes are provided below.

8.6.1 Funding and the economic viability of programs.

Staff saying, "*no more funding cuts*" or "*enough is enough*" was universally mentioned as an issue of concern in the interviews. From the themes discussed above, it has been noted that there was a sense from staff who had worked at St Augustine's for a lengthy period that there was a time when there was a greater level of activity, possibilities for family and individual student support work and engaging in activities that promoted a sense of school community for parents, students and staff. For many staff changes over time were perceived as a loss and as one staff member noted: "*I think there has always been funding issues but over time gradually it just feels like we have had our arms and legs chopped off all the way through, that's how it feels, it's like we have lost all our limbs*" (ID 18, 8, 10). The by-products of this loss were expressed by a number of staff as feeling demoralised and a perception that programs were working more competitively with one another rather than collaboratively.

In Chapter Two, the historical origins of the funding of programs were described and the lack of indexation was noted. A number of staff perceived that future cuts were inevitable and other staff mentioned that we are '*just viable now*' and '*there is no room for further pruning*'. For example:

You really can't run our core programs without any indexation of funding without making lots of cuts to the budget all the time. Teacher's salaries are going to rise inevitably so without indexation or some way of addressing the funding issues we are on a road to decline and we are just going down and down. It makes me feel very sad (ID 2,14, 8).

Staff recommended a number of ways out of this dilemma that involved seriously looking at where St Augustine's was heading, how to make the best use of existing resources and better program documentation about service delivery models and advocacy about the need for alternative education programs. This leads to the second theme under organisational and structural issues concerning model development, strategic planning and advocacy.

8.6.2 Model development, strategic planning and advocacy

A major theme identified by the majority of staff was the need to be more sophisticated in service delivery and these matters have been discussed in a number of the themes described in this Chapter. One of these themes concerned being more resource efficient in that: *"I think that there has to be more creative ways of what we are doing with the money."* Staff talked further about what this might involve as illustrated by the following two quotations:

It's about looking at what we have got, what we are really about, what we are really going to offer and what are we going to achieve. We need to set up what we have better and figure out a way of how this place can work better, so that it is going to survive and be a valuable resource in the region. At the moment it is not integrated, which has a lot to do with the resources and the lack of staff but it is just not happening for the kids. I have actually felt that this place needs to have a proper and integrated program developed (ID13, 19, 4).

Sometimes I think we should be working with fewer young people and getting to the bottom of everything and doing a really good job. That is something they need to look at here: do we need this many programs or should we working with fewer students in a more specialist way? If we did that we could probably rotate students through faster. We are spread too thin now and everyone does just a bit of everything rather than doing a job thoroughly (ID 11, 16, 4).

The above description indicates that some staff perceived that it might be timely to engage in a strategic planning process where staff can collaboratively reflect and plan for the '*sharing of a future vision.*'

Parent and community involvement has been one of the other matters identified in the staff themes and a final suggestion for exploration identified by staff was the following:

I think it is a good idea to have a community reference group or something because your major advocates have to be your local community and parents. We have done a lot of that willy nilly without a Board, keeping relationships up with DEET, catholic schools and so forth, but in terms of a formal accountability and advocacy structure we don't have one (ID 1, 9, 5).

8.7 Summary.

Chapters Seven and Eight have provided the results of the interviews with students, parents, and staff about the model of intervention and current issues in service delivery. The results indicated that the current model of service delivery aligns well with the psycho-educational approach, with a focus on the alternative educator being an essential agent of change by working with the students in their life space. A number of theoretical influences were found to underpin how the program components were delivered which is consistent with the psycho-educational approach. Despite consensus among staff about the key dimensions of the model, there was divergence about the importance of focusing on academic achievement and the extent to which the token economy system was relied upon in changing the behaviour of students.

Many issues were identified concerning the interface of St Augustine's with mainstream schools and support services and how St Augustine's programs operate internally with one another and together as a school community. Issues of funding and the current staffing and organisational structure were also highlighted as concerns about the current efficiency and effectiveness of program delivery. However, many positive suggestions for the way forward were identified and these are discussed further in the next Chapter.

Chapter Nine

Discussion

In this Chapter the results of the evaluation and the implications for service delivery are discussed. First the findings of the needs analysis provided a description of the characteristics of students attending St Augustine's and these results are discussed in relation to the implications for the model of intervention. Second, the impact evaluation provided insights into how well the current goals of program intervention are realised, and how key variables, such as regularity of attendance, the length of intervention and level of psychopathology were related to student outcomes. These factors are discussed in the light of current program practice and the barriers staff identified in meeting the aims and objectives of programs. Third, the thematic analysis of the qualitative data showed that there is considerable consensus among staff about the model of intervention and a 'good fit' was found with the principles of the psycho-educational approach. However a number of issues in current service delivery were raised that require further staff consideration and discussion. To assist in future planning, the results of the evaluation are audited against a set of quality benchmarks, developed by integrating a range of standards found in the literature (Bernard, 2005; Crisp, 2002; Meyer, 2001; O'Brien et al., 2001). Finally, there were a range of methodological and practical limitations in implementing the study and the lessons learnt from these are discussed to provide direction for future research endeavours.

9.1 Target group characteristics and implications for service delivery.

The needs analysis provided information about the personal circumstances of students in the sample and included their socioeconomic background, reasons for referral, emotional and behavioural difficulties, level of adaptive functioning and social-emotional development, ability and achievement. School-related factors included the students' current engagement with school and the use of disciplinary measures (i.e. suspensions and protocol arrangements) and the involvement of student welfare and other community services. For a sub-group of four students in the sample additional information was obtained about their family background and developmental history and their stage of cognitive development.

9.1.1 Socioeconomic status.

A major finding concerning the demographics of the students was that they came predominantly from a disadvantaged socioeconomic background. Just over half (55.3%) of the students in the sample lived in single parent households, where 76.9% of mothers and 84% of fathers had not completed Year 10. Further, 67.6% of mothers and 9.9% of fathers were unemployed and, when employed, fathers in particular were more likely to be in unskilled occupations. Further, many parents interviewed reported that they had had negative experiences of school themselves and therefore had difficulties in negotiating the school system on behalf of their children. Therefore there was an evident risk of an intergenerational effect without intervention to assist students in the sample to complete their education (Alexander & Entwisle, 1996; Zubrick et al., 1995). The role played by St Augustine's is particularly critical as over a third of the students who were under the compulsory school leaving age were not attending school at the time of referral. Many of the parents interviewed expressed enormous relief when their son or daughter was referred to St Augustine's as it provided students with an opportunity to experience a 'fresh start' and for the difficulties they experienced in school to be addressed.

The relationship between socioeconomic disadvantage, mental health problems and academic achievement has been well established in the literature. Researchers have consistently found that children from lower SES families have higher rates of behavioural and emotional problems and poorer academic achievement than children from higher SES families (Farrington, 1991; Fergusson, Horwood, & Lawton, 1990; Marks, 1999; Patterson, Kupersmidt, & Vaden, 1990). While it seems likely that these relationships are mediated primarily through variables such as parenting practices and residing in deprived environments (Dodge, Pettit, & Bates, 1994; Patterson, 1996), even after accounting for the effects of numerous family and community factors, SES still explains unique variation in mental health (Stanley et al., 2005) and educational inequalities (Teese, 2002; Teese & Polesol, 2003).

Staff reported that the students and parents were often socially isolated from systems of informal and formal support due to poverty and disadvantage. While factors such as socioeconomic deprivation and employment status are not easily amenable to change (Christenson & Thurlow, 2004), St Augustine's does have the capacity to provide families with opportunities for social support by including them as a part of the school community, being involved in service delivery and feeling that they are making a positive contribution to their son's or daughter's learning. After all, often those families in greatest

need are those least likely to become involved in school-based activities (Dwyer, 2002). Further many of the parents interviewed felt isolated and marginalised as a result of constantly being called up to schools and being asked to take their son or daughter home. Many felt that their son's or daughter's schooling difficulties were being judged as a reflection on their parenting capacity and this further entrenched their sense of powerlessness, particularly when any suggestions they made about accommodations that could be made at the school were not heard or they did not know how to effectively advocate with educational officials about decisions that were being made on their behalf. Alternative education programs such as St Augustine's can therefore play an important role in empowering parents to feel that they have some say and input in to their son's or daughter's education.

9.1.2 Gender.

The majority of students referred to St Augustine's were male (81.1%). This is consistent with other research on the predominance of males referred to special education settings (Bradshaw, 1994; Dwyer, 2002) possibly accounted for by the higher incidence of externalising difficulties in males than females (Sawyer et al., 2000; Zubrick et al., 1997). The analysis did not tease out whether or not there was a difference in the reasons for referral and presenting difficulties according to gender and this would be a worthwhile exercise for future research.

9.1.3 Reasons for referral and presenting difficulties.

It has been established that students with disruptive behaviours are more likely to be noticed and cause difficulties in the classroom (Bradshaw, 1994). Therefore it was not surprising that students are primarily referred for disruptive behaviour (56%), poor social skills (46.6%), aggression (45.9%) and an inability to manage their anger (33%). Principals or teachers made nearly half of all referrals (49%) with only 29.2 % coming from student welfare professionals. This raised questions about the level of intervention and involvement with student support prior to the decision being made to request an alternative placement.

It was hypothesised that at referral, the level of adaptive functioning, mental health symptoms and social emotional development would be positively associated with the type of program the student was enrolled in and the intensity of program intervention provided. That is, students enrolled in programs (i.e. St Helen's, 'The School', YEP and New St) providing intervention services for students at 'high-risk' that are unable to be

maintained in mainstream school would have higher levels of mental health symptoms and lower levels of social-emotional development at referral than would 'at risk' students who are currently attending mainstream school and enrolled in programs providing early intervention for students (Primary and Secondary EMU). However, differences between individual programs in the students' presentation were unable to be tested statistically due to two reasons. First, the number of students attending some of the individual programs such as St Helen's and 'The School' were small and there was a lack of throughput and secondly because there was a lack of compliance in completing the measures over time with just over one third of the sample having the measures completed post-program.

Examining the mean *T*-scores was therefore used to assess the clinical significance of the students' presentation on the TRF between programs. It was found that the mean *T*-scores for the total competence score on the adaptive functioning scale fell in the clinical range for students attending all six programs. Similarly, the findings on the TRF clinical scales were found to be consistent with the reasons for referral with 60% of the sample scoring in the borderline to clinical range for rule-breaking behaviour, aggression and social problems. The students attending St Helen's, who are still of primary school age, showed the greatest level of disturbance and across multiple domains, indicating that they are very psychologically damaged children by the time they access the program. It is notable that parents reported that student difficulties were often apparent in early kindergarten and in primary school and became more acute over time. This clearly raises issues of what can be done to promote earlier intervention, particularly given the evidence that only two of the students that attended St Helen's returned to mainstream school during the course of the study.

Unfortunately due to changes in the development of the SSA, the students' social and emotional development and their attitudes and cognitive beliefs towards learning could not be assessed against comparative norms. Means for all items except one however fell below a score of three indicating that the positive statements concerning academic confidence, organisation, persistence, getting along, and emotional resilience were 'only slightly like the students' in comparison to other students of the same age.

9.1.4 Comorbidity between externalising and internalising difficulties.

A comorbidity rate of 59% was found between externalising and internalising difficulties in the sample and is higher than that found in Australian community samples of 23% (Zubrick et al., 1997). Comorbidity is an important issue because of the poorer long-term outcomes for students with both externalising and internalising difficulties (Burke, Loeber, Lahey, & Rathouz, 2005; Fergusson, Horwood, & Ridder, 2005; McConaughy & Skiba, 1993). Students with a combination of disruptive behaviours, poor social skills, and internalising difficulties are predisposed to poor peer relationships and peer rejection (Loeber, 1990). One hypothesised link between disruptive behaviour, poor social skills and/or negative cognitive style and co-morbid depression is the 'failure model' proposed by Capaldi and Patterson (Capaldi & Stoolmiller, 1999; Patterson & Capaldi, 1990). This model suggests that externalising difficulties, particularly aggression and rule-breaking behaviour problems, result in conflict with others, rejection, a lack of support, poor skill development, and being difficult to teach, which in turn lead to failure experiences that influence subsequent depression (Capaldi, 1992). From a developmental perspective, the increasing ability to take the other's perspective and to become aware of rejection by others is conceptualised as an integral sign of increasing cognitive complexity (Kegan, 1983, 1995; Norm, 1996) commonly found particularly during adolescence as they develop the ability to reflect upon their own thinking.

The high level of comorbidity in the sample does raise the importance of ensuring the students are appropriately assessed using multiple methods and multiple data sources. This includes students' ratings as they typically report higher levels of depression, for example, than do external raters (Dwyer, 2002) and it was unfortunate that only fourteen YSR forms were completed by students in the sample. McConaughy & Skiba (1993) argue that multifaceted intervention is more likely to be effective than single approaches for comorbid disorders. For example, to treat children with comorbid depression and conduct disorder, cognitive behaviour therapies administered individually might be combined with behaviour modification in the classroom. There was a debate within staff at St Augustine's concerning the need to talk to students to understand the way they see the world versus relying on the existing behaviour management system. Research by assessing the attributions of boys in alternative educational program using a token economy similar to that used at St Augustine's found that the students' negative thoughts about themselves were not modified even if they were rewarded for good behaviour (Eslea, 1999).

9.1.5 Developmental difficulties.

Just over half of the sample had a diagnosed developmental, mental health or learning disability, with nearly one third of these being ADHD. However some staff reported that increasingly students with Aspergers syndrome were being referred. Other students were experiencing depression or suicidal thoughts and there was evidence at follow-up that a number of students suffered extreme anxiety and school refusal. St Augustine's rarely refuses to accept a referral and thus takes a broad range of students regardless of the type of difficulties or disability they experience. This raises the question of whether or not the service needs to more clearly specify the type of students with whom they specialise, given that this is related to the type of skills and knowledge required by staff and the nature of the interventions.

In general staff perceived that they needed to become more sophisticated in their service delivery, particularly in having better initial assessment, strategies for intervention and clearly defined goals to measure progress. Whilst there were other medical, mental health and family support services involved with the students and their families, there was a general dissatisfaction on behalf of staff in being able to form collaborative relationships with these services. There was a perceived need to have specialists either on staff or as formally negotiated partners in service delivery to advocate on behalf of students and to ensure they can access the services they need.

9.1.6 Academic achievement

Academic problems also seem to be associated with poor outcomes. Although behavioural problems frequently predate academic problems (McGee, Share, Moffitt, Williams, & Silva, 1998; McMichael, 1979; Stott, 1981), longitudinal research has also demonstrated that reading delay for example, can predispose children to delinquent outcomes (Maugham, Gray, & Rutter, 1985). Student achievement in basic academic skills was found to be significantly poor as measured by the abbreviated WIAT-II. The results indicated that 68.9% of students scored below the 30th percentile for word reading, 86.7% for numerical operations and 72% for spelling, clearly demonstrating that their achievement was well below that expected for their ability. These results appear to be at odds with the results of academic functioning on the TRF and referrers perceptions. At referral, poor academic level was not identified as a primary concern with only 13% being seen as underachieving or being well behind. However, on the TRF 45.8% were rated as performing far below the expected grade level for academic performance. Either the

students included in the test administration sample were not representative of the larger sample, the referrers over-estimated the ability of students or were not aware of the extent of their deficits. Given that only a small proportion of students have been formally tested prior to referral and there currently is no assessment regime used at St Augustine's, it is likely that for many students their behavioural difficulties and non-compliance at school may have masked their academic difficulties. There existed variation among staff concerning the priority given to teaching basic literacy and numeracy skills but the results indicated that this is a critical need.

9.2 The impact of intervention.

It was hypothesised that there would be a significant change in adaptive functioning, mental health symptoms and social-emotional development as a result of program intervention. The data used for the pre-post evaluation was based on a sample that was substantially smaller than the total of students that attended program between 2000 and 2002 and the results must be interpreted with some caution due to the possibility of sampling bias and a lack of statistical power. No significant changes were found in either adaptive functioning or the level of psychopathology. Clinically, however it was important to note that both the means for the total competence scores and externalising and total problems scores remained in the clinical range post-program.

The results suggested that there was change in the students' social-emotional development as a result of program intervention. Post-program scores are unable to be assessed against norms, however it was noted that the mean total score increased by 39 points or an increase in SD of 1.5 from referral to post-program. It is increasingly recognised that it is equally important that measurement of outcomes take into account increases in functioning, rather than only focusing on the reduction of dysfunction (Kazdin, 2000). For this reason, changes in the socio-emotional capacities of the student irrespective of mental health symptoms were considered an important and significant therapeutic outcome of program intervention.

It appeared contradictory for adaptive functioning to show no measurable positive change when significant improvements were found for each of the social-emotional competency sub-scales and the total score. One possible explanation is that TRF adaptive functioning sub-scales are a single global rating, whereas the SSA asks about a series of questions about specific behaviours and cognitive beliefs that may be typical of, or not typical of the individual student. Further the constructs being measured are different. TRF adaptive

functioning is more concerned with the student's behaviour and achievement, that is, 'how much are they learning', 'how hard are they working' and so forth. The equivalent construct for 'working hard' on the SSA is the competency of persistence, and the underlying cognitive belief is the ability to think something can be achieved even when the task is difficult as expressed, for example in item 14 '*Tries really hard when doing things s/he finds difficult*'. A student might try really hard on a task but at the same time not be learning as much as other students. It is not inconsistent that program intervention was found to be successful in changing students' beliefs and attitudes towards learning and the social-emotional competencies that underpin achievement, even if this was not mirrored by a significant change in how much they were learning on the TRF.

9. 2.1 Outcome destinations and predicting outcomes.

In examining the outcome destinations of all students in the sample, it was found that a total of 89 students (56.3%) experienced a positive outcome immediately post-program and these students were maintained in, or transitioned back to mainstream school or commenced vocational education and training or employment. However, there was a great deal of variation between individual programs, and the Primary and Secondary EMU programs that withdrew students from mainstream school one day per week were found to be most successful. The programs offering students full or part-time alternatives to mainstream school were less successful in returning students back to a mainstream setting, indicating that once students are completely disconnected from the mainstream system it is far more difficult to facilitate their return. Feedback provided by students and parents about service provision indicated that the alternative programs offered students opportunities to develop confidence, learn how to trust adults and understand limits to and consequences of their behaviour. Being treated with respect, offering positive adult role models and the provision of engaging 'hands on' activities were appreciated. Both parents and students also valued having an advocate on their side when negotiating with staff in mainstream schools.

Negative outcomes immediately post-program were experienced by 22.1% of students because they either were not engaged or withdrew from the program. This outcome was experienced by just over 40% of the students attending New St or the YEP programs. The case examples illustrate that extreme anxiety could underlie the failure to engage and withdrawing from programs was often a process that occurred over time due to both external circumstances (e.g. conflict at home or homelessness) and/or dissatisfaction with the program. Similarly at follow-up, the data indicates that the majority of students that

could not be contacted or were no longer engaged in education or employment had attended either the New St or YEP program. At the three to six month follow-up period 60% of students that had attended the New St program and 49.9% of those that attended the YEP program were either not engaged in education or training programs during the day or could not be contacted. These results raise the issue of providing longer-term and more persistent follow-up of students (Christenson & Thurlow, 2004).

During the course of the study it was found that 34.1% of the sample that were referred on to another program or left St Augustine's at follow-up were re-referred for placement. Overall, either prior to or during the study, 39% of the sample attended more than one program with almost 25% of students attending two programs, 12% attending three programs and 2.8% four programs. In examining these referral pathways over time, the rate of re-referral at follow-up primarily occurred with students that had attended the Primary and Secondary EMU programs raising issues about both the intensity of intervention and the length of post-placement support. While it is positive that 39% of students in the sample were able to access ongoing support in an alternative setting, this finding raises issues of the ongoing planning and co-ordination of interventions both between St Augustine's individual programs and with mainstream schools.

In predicting outcome destinations, students leaving to continue their education were those who presented with less serious mental health symptoms. In particular they had lower rule-breaking and externalising scores on the Teachers Report Form at referral and a higher level of adaptive functioning in the area of 'working hard'. Students experiencing positive outcomes were also those who attended program regularly and for a fewer number of months and were involved in fewer critical incidents whilst attending. These findings emphasise the importance of assessing the students' difficulties at the point of entry to the program and promoting regular attendance.

9.3 Benchmarking the findings against quality standards for alternative education,

Given the purpose of this study was to provide information for the stakeholders to consider, the suggested resolution of these issues and future program directions that could be taken need to be developed and owned by the staff at St Augustine's and MacKillop Family Services. Therefore, it was not appropriate for this study to make specific recommendations about how service delivery should be re-configured. Rather a global recommendation is proposed which is that St Augustine's Education and Training and

MacKillop Family Services engage in a strategic planning exercise to develop a future plan of action.

Tensions in some of the important components of service delivery were identified as a result of analysing the themes from the interview data with staff. In working with students, the role of assessment, the priority of literacy and numeracy, the reliance on the token economy system as a means for students to develop internal controls, developing individualised educational plans and interventions which identify specific and measurable goals that are regularly reviewed were perceived by staff as areas to be strengthened. On a family level, improving home-school collaboration, better support and inclusion of families and at the program level facilitating cross-program interaction between programs to foster a sense of school as community were also important themes.

To assist in this future planning process, an extensive literature search was undertaken to try and identify a set of quality benchmarks appropriate to use for evaluating the findings. However a comprehensive set of standards that incorporated both educational and mental health aims that could be useful to St Augustine's could not be found. For example, the study by O'Brien et al., (2001) consulted alternative education services in New Zealand and developed a broad set of parameters that are relevant to the Australasian context, however they lacked a clinical focus. Principles for prevention and intervention have been articulated by Australian researchers (Withers & Russell, 1998) and these provide a useful framework together with the quality standards for Australian wilderness adventure programs, which use a clinical practice perspective (Crisp, 2002). The current principles for public alternative settings used in the review by Meyer (2002) also included standards that articulate the relationship between alternative settings and mainstream or vocational education providers. Standards from these sources were drawn together to develop a set of standards relevant to the psycho-educational model of service delivery applicable to St Augustine's.

The clinical audit approach (Marks, 1998) is an established method for synthesising the outcomes of the evaluation in a form that could be used to inform strategic planning and future program development at St Augustine's. The audit assessments are based on the data from the quantitative and qualitative evaluation and on the author's experience of spending three years on site, taking perusal of program documents, staffing profiles and practices as well participating in referral and program planning meetings and staff development activities. As such they are judgements that are not intended to be definitive, but are used to highlight the primary areas to be addressed.

Assessment was made in accordance with the following rating criteria drawn from common methods of rating standards (e.g. Commonwealth Department of Health and Aging, 2001)

Level 1- No evidence indicates that there is no reliable or credible evidence, or there is evidence that contra-indicates support for this statement

Level 2- Some evidence indicates that there is only a scant amount of reliable or credible evidence or significant amounts of less reliable evidence; and there is little if any evidence that contra-indicates support for the statement

Level 3 – Evidence indicates there is a developing body of reliable or credible evidence; or large amounts of less reliable evidence and there is no evidence that contra-indicates support for the statement.

It is noted that in some areas determining a rating was difficult as there may have been plenty of evidence for a particular standard in one program but not in another. In these cases a global rating was made. The results of the clinical audit process are provided in Table 9.1.

Table 9.1

Benchmarking the Results of the Evaluation Against Quality Standards for the Provision of Alternative Education

Criteria for meeting the standard	Evidence	Some evidence	No evidence
1. Program principles			
1.1 The target group is clearly identified and entry characteristics of students and criteria for inclusion and exclusion into the program are documented		✓	
1.2 A clear theoretical rationale for program intervention is documented and is based on the needs of the target group and on established literature and theory to guide program design and practices		✓	

1.3 The duration and intensity of the program is sufficient to achieve outcomes but not to encourage dependency		✓	
1.4 Programs address a range of alterable risk factors rather than focus on single problem behaviours		✓	
1.5 Programs work to strengthen protective factors by promoting students' sense of belonging, independence, mastery and generosity		✓	
1.6 Programs focus on the students' academic, developmental, emotional, cognitive, social and behavioural needs and characteristics		✓	
1.7 Interventions are tailored to fit individual students rather than a 'one size' fits all approach		✓	
1.8 There is recognition and structures in place for families to be participants in the program and school community			✓
1.9 Policies, processes and supports are in place to ensure adequate transitions that support students at both entry and exit to the program		✓	
1.10 Service provision is non-fragmented through collaboration with a range of other professionals and specialists in education, health, youth, family and community welfare to meet the needs of individual students and their families			✓
1.11 Programs involve the community in service delivery			✓
2. Program environment			
2.1 Students experience emotional safety and trust in a welcoming environment	✓		
2.2 Staff promote warm, caring and respectful relationships with students	✓		

2.3 Staff are empathic, non-judgemental and nurturing	✓		
2.4 The physical environment is unlike school	✓		
2.5 Adequate equipment and staffing is available to provide diversity in the curriculum and to meet different developmental needs and learning styles		✓	
2.6 Staff communicate high and realistic expectations for behaviour and achievement		✓	
2.7 Staff provide positive communication and modelling of values, positive attitudes and social-emotional skills	✓		
2.8 There is male/female gender mix of staff providing appropriate role models		✓	
2.9 There is a small staff to student ratio	✓		
3. The students			
3.1 Students feel welcome and involved in the school	✓		
3.2 Students are viewed as individuals with unique strengths and difficulties	✓		
3.3 Staff build on the strengths and interests of students and recognise and celebrate success	✓		
3.4 Strategies are utilised to engage students and to motivate and maintain good attendance		✓	
4. Families			
4.1 Families feel welcome and involved in the school		✓	
4.2 Families are participants in the programs			✓
4.3 Support and intervention is provided to address parenting difficulties at home			✓
4.4 Home-school communication is promoted by regular communication that may include phone calls, notes home, newsletters home, feedback, interviews, and work displayed		✓	
4.5 Parents are benefiting from the program by			✓

learning parenting skills and experiencing personal growth, as well as encouraging students by their involvement and interest.			
4.6 Additional support is provided to families particularly at critical periods such as the students' transition from the program			✓
5. Assessment and intervention planning and review processes			
5.1 A comprehensive bio-psycho-social history of the students is made to guide intervention planning and review			✓
5.2 An assessment of the students' ability and achievement is made and guides intervention planning and review			✓
5.3 Academic, social, behavioural, cognitive and developmental goals developed in individual education plans are monitored and recorded closely and systematically reviewed			✓
5.4 Plans and individual work focus on eliminating external controls by helping the student develop better coping skills and behaviours based on their developmental level, level of cognitive complexity and private logic		✓	
5.5 Interventions are developed, adapted and regularly reviewed to ensure reciprocity of assessment information and mutually supporting and complimentary strategies, techniques and approaches			✓
5.6 Individual education plans are monitored and recorded closely and systematically reviewed		✓	
5.7 Individual crisis management plans are developed based on a functional analysis of students with high-risk behaviours			✓
5.8 Plans are reviewed by the team and other professionals following critical incidents		✓	

6. Curriculum			
6.1 Students have a choice of program		✓	
6.2 A priority focus is placed on providing literacy and numeracy			✓
6.3 Authentic and experiential curriculum is delivered which integrates literacy and numeracy with real life situations in order to maximise learning opportunities		✓	
6.4 Program curriculum and structure can be modified to meet the needs and interests of individual students or groups and to provide 1:1 counselling and intervention			✓
6.5 Networks are established with outside providers to ensure breadth in curriculum and vocational learning opportunities			✓
6.6 Activities are utilised to foster a sense of community within the school			✓
6.7 Group teaching methods are used	✓		
6.8 A variety of instructional strategies are utilised		✓	
7. Transition planning- Entry and exit from programs			
7.1 Programs engage mainstream schools to access part-time attendance for students		✓	
7.2 Programs include significant components of in-school professional development and support for mainstream teachers		✓	
7.3 Mainstream schools maintain an ongoing involvement with the development of the program content, the implementation of the program and the transition of the students using Placement Support Groups and the provision of specialist supports			✓
7.4 Intervention and transition planning is done jointly with Vocational Education and Training providers, and other service			✓

professionals involved with the students			
7.5 When referrals are made internally, program assessment and planning occurs to ensure continuity of individual educational goals, intervention strategies and support services			✓
7.6 Post-program support is ongoing until the student is well established in mainstream education, further vocational training or the workforce.			✓
8. Staff			
8.1 Staff work as collaborative team members		✓	
8.2 Staff possess personal attributes of enthusiasm, compassion, patience, sense of humour and dedication	✓		
8.3 Specialist training is provided to staff to work with the specific needs of the target group and includes up to date psychosocial interventions and teaching methods		✓	
8.3 Staff have good self management skills		✓	
9. Accountability			
9.1 Student and family satisfaction is routinely evaluated and documented			✓
9.2 Students and families are involved in program planning and decision-making		✓	
9.3 A core set of data is collected across programs for reporting and evaluation of trends and outcomes			✓
9.4 Programs have clear statements of outcome-based goals and a specification of how each outcome is to be measured validly and reliably			✓
9.5 Program practices are documented and allow for replication			✓
9.6 There is a formalised external evaluation of the program (including a clinical service audit) using appropriate and meaningful measures		✓	

10. Viability and recognition			
10.1 Government policy and recognition is provided			✓
10.2 Programs have sufficient funding to maintain or improve standards of operation for the foreseeable future			✓
10.3 Resources are equitably distributed		✓	

The recommendations as a result of the strategic planning process against the above standards could be organised to distinguish between implementing recommendations at a policy level with those strategies that could be adopted at an individual agency and professional development level. For example, recommendations for changes in professional practice to strengthen meeting aspects of Section Five of the standards, *'Assessment and intervention planning and review processes'* could be implemented within St Augustine's by adopting a range of strategies such as providing professional development, regular supervision and case consultation and co-ordination. Implementing recommendations to meet Section Seven of the standards *'Transition planning-Entry and exit from program'* may require a different strategic response involving changes at the regional level. For example the Program Manager of St Augustine's and MacKillop Family Service's regional management personnel negotiating with DEET staff and local school networks for the development of new protocols and organisational arrangements in the way they work together. The broader policy level recommendations to address Section Ten of the standards *'Viability and recognition'* of alternative education programs may involve MacKillop Family Services, other alternative education programs and relevant peak bodies including the CEOM engaging in a range of activities such as negotiating with the Victorian Government for policy review on the role and funding of alternative education services or implementing publicity campaigns to raise the profile of the work undertaken by alternative schools.

9.3 Methodological limitations.

The most obvious methodological limitation was the lack of a control group from which to compare the effects of the intervention however, the inclusion of a control group for the purposes of this study was untenable. To withhold access to St Augustine's programs particularly for students under school leaving age would have been both unethical and illegal. After all, the purpose of research should be that it serves the needs of students, and

not that students serve the needs of research if that means compromising their own access to alternative education. Had the evaluation only incorporated one or two programs such as St Helen's or 'The School' where there was a waiting list, it may have been possible to have incorporated a waiting list control group, however, given the complexities of involving six programs with a broad age range, ensuring that any control group was matched to and representative of those in the intervention group was beyond the resources of the study. Further, to minimise selection biases when analysing group differences, students would have needed to be randomly assigned to either the intervention or the control group.

A further limitation concerns the issue of sample size, effect size and statistical power. As a small sample size reduces statistical power, it is difficult to equivocally reject the null hypothesis or have sufficient statistical power to reach significance in order to accept the experimental hypothesis. The current study's lack of power means that it is not possible to reject the null hypothesis, or confidently conclude that there was no true difference from referral to post-treatment, only that the study did not have sufficient power to reach statistical significance. Indeed, a sample size of 131 participants would have been required to achieve an 80% confidence level (Cohen, 1988). Without adequate power the null hypothesis cannot be accepted unequivocally, that is, there was no real difference in the students' functioning from referral to post-program.

A number of factors may have been related to the lack of compliance with completing the measures to ensure a sufficient sample size. As found in the audit of case files prior to the commencement of the study (September 2001), these include a general lack of assessment information about the students being obtained and recorded in the students' files and variable record keeping in maintaining up to date case notes. Thus the study was asking staff to undertake assessment tasks that were not a part of their existing practice and may not have been seen as important. Similar research endeavours in the education sector have found that filling in forms is not seen as a priority for teachers when they are already overloaded with a range of other tasks to do (Joyce & Dorissa, 2005).

It was important to ensure the staff were not aware of the results of the measures and some staff reported that for example, "*It was hard to complete them when you don't know what they mean or how to use them.*" Thus motivation to complete the measures over time may have been hard to maintain in the absence of feedback and where staff perceived that completing the measures had no practical utility for them

Internal referrals were made on a one-page form often without the TRF and SSA measures being completed. Despite requesting that the external forms be used, the practice of using the internal referral form continued. Ideally the study would have recorded the reasons for internal referrals over time as the student moved between programs but this was not possible due to the lack of data provided in the internal referral form. Thus the information requirements for external referrals were greater than existed in practice in making internal referrals.

Finally there may have been an issue of some staff not owning or valuing the research. For example some staff reported, *"Staff didn't own the research and some were very resistant to it "* or *"It is pretty hard to be happy about someone coming in to see if you are doing a good job or not."*

Despite these limitations, the research provided valuable data concerning the needs and outcomes of students attending alternative education schools and programs and this is the first study of its kind in Australia. It is hoped that the rich data collected and the considerable input provided by staff will be of assistance for organisational review and planning. The need for such programs has been demonstrated and it is critical that they are viable and are appropriately recognised in the future.

9.4 Conclusion.

There is no state-wide policy and strategic framework for the operation of alternative settings and programs such as St Augustine's in Victoria. Cole's (2004) research into alternative programs found that despite the government's overriding policy of inclusion, all senior government officials he spoke to acknowledged the need for alternative programs as they conceded that despite the best efforts of schools, there would be always be a small proportion of school-aged students for whom mainstream school was inappropriate. The present study highlights the important role played by programs such as those provided by St Augustine's, given that it was found that the students attending experienced multiple risk factors that require strategic intervention if long-term costs to the students, their families and society at large are to be avoided.

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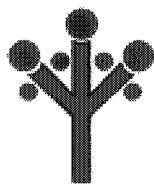
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Appendix A: Referral Form



MacKillop
Family Services

St Augustine's Education & Training

Alternative education for children and young people

St Augustine's School,
St Helen's School,
New Street,
EMU (Education Mobile Unit)
YEP (Youth Ed-Venture) Programs

27-33 Oxford Street
Whittington Vic 3219
Telephone: 03 52482557
Facsimile: 03 52485866
ABN: 79 078 299 288

Referral Form

Instructions

Thank you for taking the time to refer a child or young person to St Augustine's Centre for Education and Training.

St Augustine's prides itself on providing a quality program of education in a specialised setting.

Where you have parent consent to do so, please also attach any other information such as medical reports, assessments etc. that you think will assist us when considering the referral.

The Referral Committee meets weekly. After the referral has been considered you may be contacted by a Youth Worker of a particular program for more specific information or in some cases to organise a tour of the programs.

You will be informed as soon as possible of the outcome of the referral.

Should you need assistance to complete the referral form or the attached questionnaires please contact St Augustine's on the above telephone number.

Please return this form and the attached questionnaires by mail
'Marked Confidential' to:

Attention: Program Manager
St Augustine's Centre for Education and Training
27-33 Oxford St Whittington, 3219

NB: EMU Referrals only

It is assumed that all EMU referrals will have been discussed with DEET district staff prior to completion of the referral form.

Referral Form

Preferred Program

Please circle (if known)

St Helen's

'The School'

New Street

YEP

EMU
Primary

EMU
Secondary

Referring Person/s

Who is making the referral:

Date of Referral:

Contact address:

Phone:

Relationship to the child/young person:

Does this referral has the knowledge and approval of the parents or guardians?

Yes ☐ No ☐

Does this referral have the knowledge and approval of the child/young person?

Yes ☐ No ☐

Referring person/s please check:

Has the Teachers Report Form been completed? Yes ☐ No ☐

Has the Survey of Student Assets been completed? Yes ☐ No ☐

Have all questions on the referral form been completed? Yes ☐ No ☐

Student's Details

First Name	Middle Name	Last Name
Current Address		
Date of Birth	Age	
Mother's Name	Phone	Mobile
Father's name	Phone	Mobile

Who does the child/young person currently live with?		
Caregiver's Name (if different from above)	Phone	Mobile
Who has legal responsibility for the child/young person? (If DHS please state the type of order the child/young person is on, here and the details of the Case Worker in the space below)		
Name	Phone	Mobile
Is the child/young person an Aboriginal or Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Language spoken at home		
Religion		
School Background		
Is the child/young person currently attending school? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, name of school:		Phone:
Current Class/Year level:		Most recent completed year:
Has the student been absent from school for reasons other than illness? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, approximately how many days has the student been absent from school in the past six months?		

Has the student been suspended and/or expelled from school?

Yes ☐ No ☐

If Yes, for what reason?

If the child /young person is not currently attending school at all, what was the child's/young person's last school and when did they last attend?

At this stage is the child/young person intending to remain at, or return to, school?

Yes ☐ No ☐

Reason/s for Referral

What is happening or has happened at school that has led to this referral?

(Please attach additional pages if necessary)

How do you think St Augustine's programs might assist the student?

What is your availability for ongoing involvement?

Other Services & Specialist Supports

What agencies have been involved with this child/young person and why?
Please include contact names of known.

Is the child/young person currently known to MacKillop Family Services?

Yes ☐ No ☐

If Yes, which program/s and contact names?

Please state any involvement with the Juvenile Justice system and relevant contact workers.

Is the child/young person on the High Risk Register? Yes ☐ No ☐

Please list any medical conditions the child/ young person has.

Please add any comments you wish to make to support this referral.

Survey of Student Assets

This survey is designed to provide detailed information about the strengths and weaknesses of the student being referred to St Augustine's Education and Training Centre. The questions relate to the internal assets student's need to possess in order to experience social-emotional wellbeing and to achieve to the best of their ability.

We recognise that for some students, particularly those who not currently attending school, it will be difficult for you to answer some of the items but we ask you to do the best you can.

Your Name _____

Your relation to the student: (Please tick) ☐ Classroom Teacher ☐ Teacher's Aide

☐ Counsellor ☐ Other (Please specify _____)

Name of Student _____ Grade/Form _____

Date _____ How long have you known this student? _____

Please make your evaluations of the student's characteristics based on what is normally expected of students within age/grade range of the student.

Circle 1 for **Not At All Like the Student**
 Circle 2 for **Slightly Like the Student**
 Circle 3 for **Moderately Like the Student**

Circle 4 for **Like the Student**
 Circle 5 for **Very Much Like the Student**

- | | |
|---|-----------|
| 1. Possesses a realistic awareness of his/her own strengths and weaknesses. | 1 2 3 4 5 |
| 2. Is persistent when working on 'boring' assignments. | 1 2 3 4 5 |
| 3. Is organized in having needed resources | 1 2 3 4 5 |
| 4. When s/he makes mistakes or is teased, seems to think s/he is stupid and a bit of a loser. | 1 2 3 4 5 |
| 5. Cooperates when working with others. | 1 2 3 4 5 |
| 6. Can talk about what s/he is feeling and needs. | 1 2 3 4 5 |

Circle 1 for **Not At All Like the Student**
 Circle 2 for **Slightly Like the Student**
 Circle 3 for **Moderately Like the Student**

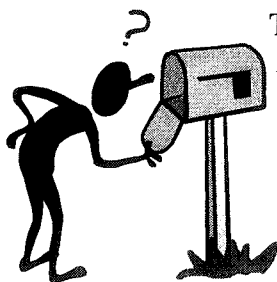
Circle 4 for **Like the Student**
 Circle 5 for **Very Much Like the Student**

- | | |
|---|-----------|
| 7. Seems to accept him/herself when s/he does not do well on an assignment or when criticized by peers. | 1 2 3 4 5 |
| 8. Shows good effort on his/her homework. | 1 2 3 4 5 |
| 9. Keeps accurate record of class assignments. | 1 2 3 4 5 |
| 10. Believes s/he really should be able to do things perfectly and that it is terrible to make mistakes. | 1 2 3 4 5 |
| 11. Demonstrates good friendship-making skills (e.g., sharing, waiting turn, listening, and speaking to others in a friendly way. | 1 2 3 4 5 |
| 12. Seems aware of his/her own emotional state (whether worried, angry, down, or in combination). | 1 2 3 4 5 |
| 13. Has an optimistic, positive attitude towards most things. | 1 2 3 4 5 |
| 14. Tries really hard when doing things s/he finds difficult. | 1 2 3 4 5 |
| 15. Manages time. | 1 2 3 4 5 |
| 16. Seems to think that it is the worst thing in the world to be criticised or thought badly of. | 1 2 3 4 5 |
| 17. Respects and accepts others who are different. | 1 2 3 4 5 |
| 18. Seems aware of and sensitive to the feelings of others based on the situation, non-verbal cues and what is being said. | 1 2 3 4 5 |
| 19. Appears be unable to organize all areas of his/her life. | 1 2 3 4 5 |
| 20. Understands that mistakes are a natural part of learning and is not afraid to make mistakes. | 1 2 3 4 5 |
| 21. Puts into practice the idea that to be successful, s/he sometimes has to do things s/he does not feel like doing. | 1 2 3 4 5 |
| 22. Sets goals to do as well as s/he can in school. | 1 2 3 4 5 |
| 23. Seems to believe that the worst thing in the world is having to work. | 1 2 3 4 5 |
| 24. Cares about how others feel. | 1 2 3 4 5 |

Circle 1 for **Not At All Like the Student**
 Circle 2 for **Slightly Like the Student**
 Circle 3 for **Moderately Like the Student**

Circle 4 for **Like the Student**
 Circle 5 for **Very Much Like the Student**

- | | |
|---|-----------|
| 25. When someone treats him/her unfairly, seems to be able to manage how angry s/he gets. | 1 2 3 4 5 |
| 26. Is willing to try new activities and to speak up in class even if classmates think s/he is silly or stupid. | 1 2 3 4 5 |
| 27. Puts into practice the idea that the more effort s/he puts into something, the more successful s/he will be. | 1 2 3 4 5 |
| 28. Tries to understand his/her teacher's directions instruction. | 1 2 3 4 5 |
| 29. When s/he gets frustrated by something that is hard, seems to think it is unfair and that s/he shouldn't have to do it. | 1 2 3 4 5 |
| 30. Appreciates the importance of following school rules. | 1 2 3 4 5 |
| 31. When he/she makes a mistake or is teased by a classmate, seems able to manage how down s/he gets. | 1 2 3 4 5 |
| 32. Is confident when doing difficult learning tasks or activities. | 1 2 3 4 5 |
| 33. When having a task to accomplish, appears to think 'When is the latest I can start?' | 1 2 3 4 5 |
| 34. Tries to solve problems by talking about them. | 1 2 3 4 5 |
| 35. Seems to be able to relax when under pressure. | 1 2 3 4 5 |
| 36. Appears to forget things. | 1 2 3 4 5 |
| 37. When having an interpersonal problem, seeks help when necessary. | 1 2 3 4 5 |
| 38. When someone has acted badly or unfairly, s/he is condemning of that person and believes retaliation is deserved. | 1 2 3 4 5 |
| 39. Seems to think s/he shouldn't have to obey rules and behave well. | 1 2 3 4 5 |

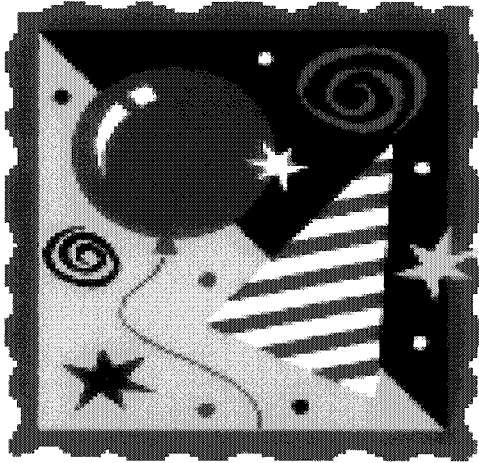


Thank you for taking the time to complete this survey.
Please return attached to St Augustine's Referral Form.

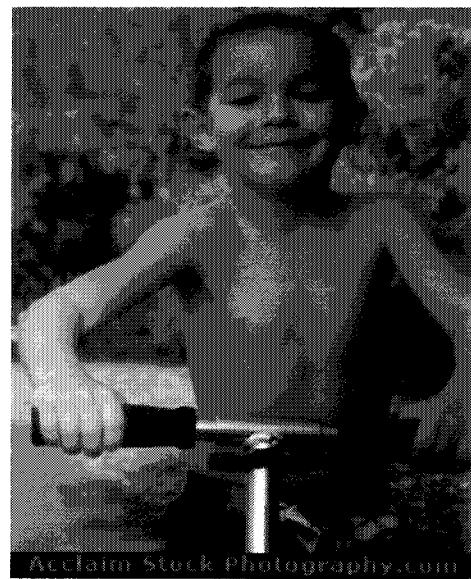
The Puppy Story



Tom has just saved some money to buy Mike Hunter a birthday present.



Tom and his friend Greg go down to the shops to try and decide what Mike would like.



Tom tells Greg that Mike is sad these days because Mike's dog Pepper ran away.



Above is an old photo of Mike holding his dog, Pepper.

When Greg suggests he gets a new dog, Mike says he can't just get a new dog and have things the same.



Then Mike runs off because he has a job to do.

At Mike's friends pet shop they see a puppy for sale. It is the last one left.



The owner says that the puppy will probably be sold by tomorrow. Tom and Greg talk about whether to get Mike the puppy. Tom has to decide straight away.

What do you think Tom will do?



Subject-Object coding of the Puppy Story Interview and/or Young Child's Subject-Object Interview

Name of Interviewee

Instructions

1. On the 1st reading, mark clearly the entire segment illustrating a particular category with that categories number.
2. On the second reading, mark the segment with the stage that fits best.
3. On this summary sheet, keep track of how many occurrences there are of each category by writing the stage level by each and the page where each can be found.
4. Evaluate the subject-object interview as a whole and assign an overall stage

Category	Number of occurrences there are of each category by stage and page	Comments on evidence/ hypotheses
1. To what extent does the child retell the story as a logical sequence of events?		
2. To what extent does the child exhibit a sense of self/other that endures over time? i.e. feelings now versus before or later?		
3. When directed to discuss other/s, in a non-personal situation, does the child bring him/herself into the discussion inappropriately?		
In talking about self and feelings. 4. Is self and/ or other talked about in terms of actions or changeable and self contradictory qualities or as stable containers of properties and features (character traits) that persist over time?		

5. Does the child make loose associations or use tangible, illogical thinking with the interviewer providing structure or does the child verbally stays on task?		
6. Does the child orient to the immediacy of pleasure, pain, sensation etc or does the child show an orientation towards mastery, competence, comparison, pride etc?		
7. Does the child focus on action alone or show an orientation to intentions or meanings of others behind actions?		
8. Does the child verbalise a belief in fantasy or the fantastic, or are fantastic notions dismissed in favor of reality?		
Overall stage 1, 1(2), 1/2, 2/1, 2(1), 2, 2(3), or 2/3		

Appendix D: Transition Form

St Augustine's Education and Training

Transition Form

Date enrolled:

Date of transition:

Program:

Key worker:

Name of student:

Outcome of program participation- Positive outcome

1. *Returned to mainstream school full-time* ☐ *Same School* ☐ *Different* ☐

Name of School:

Key contact person:

Telephone:

2. *Accepted into another St A's program* ☐

Name of program:

Key contact person:

Telephone:

3. *Accepted into TAFE or another vocational training program* ☐

Name of institution/program:

Key contact person:

Telephone:

4. *Gained employment* ☐

Name of employer:

Key contact person:

Telephone:

Not currently transitioning to education, training or employment- Negative outcome

5. *Student withdraws from program* ☐

Reason/s

5.1 *Homeless/transient* ☐

Details:

5.2 *Family reasons* ☐

Details:

5.3 *Poor mental health - student* ☐

Details:

5.4 *Poor physical health - student* ☐

Details:

5.5 *Other (eg not engaged by program, in youth training centre etc)* ☐

Details:

5.6 *Exclusion from program* ☐

Details:

Follow-up

Is the student being followed up? Yes ☐ No ☐

Proposed length of time:

Frequency:

Any other relevant comments

Appendix E: Interview Questions used with Students, Parents and Staff.

Questions asked of students were:

1. Can you tell me about what school was like before you came to St Augustine's?
2. How is St Augustine's is different from other schools or programs you have gone to?
3. What do you like about St Augustine's?
4. What do you not like about St Augustine's?
5. Is there anything else you would like to say about your experiences?

Questions asked of parents were:

1. Can you tell me about what school was like for your son or daughter before they came to St Augustine's?
2. How is St Augustine's different from other schools they have gone to?
3. What do you like about St Augustine's?
4. What do not like about St Augustine's?
5. Have you any ideas about how St Augustine 's could better support you as a parent?
6. Anything else you would like to say about your experiences?

At follow-up, four questions were used to structure the interview with students and parents. These were:

1. What has life been like since you (or your son/daughter) left St Augustine's?
2. What is school, TAFE, the training program or work (whichever is applicable) like for you (or your son/daughter) now?
3. Have you any ideas about how St Augustine's could have better prepared or supported you (or your son/daughter) for making the transition (ie leaving) St Augustine's?

Questions used to structure the interviews with staff.

- 1 How long have you been at St Augustine's Education and Training?
- 2 Why did you choose to work in this specialist setting? How does St Augustine's differ from other educational settings you have worked in?
- 3 What specialist skills do you bring to the program? What specialist skills do you think are needed to work in this setting?
- 4 Describe the needs of the students your program works with? Have these changed over time? If so in what ways?
- 5 What are the goals you would like to achieve with these students? Is the program achieving these? What are some of the barriers faced in achieving these goals?
- 6 Describe the theoretical framework/s underpinning your program model? How do this translate into key principles and practices used by your program? In what ways do these practices work in promoting change in students?
- 7 How comfortable are you with the program framework? What would you change or improve?
- 8 What would you like to see out of the evaluation?

Appendix F: Letters of Approval from Ethics Committees



AUSTRALIAN CATHOLIC UNIVERSITY

Research Services

Human Research Ethics Committee

Ethics Clearance for a Research Project - Approval Form

Principal Investigator/s (if staff):	1) A/Prof Marie Joyce	Campus: Patrick
Co Investigator	1)	
Researcher(s) (if student/s)	1) Ms Kylee Bellingham	Campus: Patrick

Ethics clearance has been provisionally approved for the following project: Research and evaluation of three psycho-educational programs offered by Mackillop family services in Geelong, Victoria

for the period: 20.3.2001 – 30.06.2001

Human Research Ethics Committee Register Number: V2000/01-35

subject to the following conditions as stipulated in the National Health and Medical Research Council (NHMRC) Statement on Human Experimentation and Supplementary Notes 1992:

- (i) that principal investigators provide reports annually on the form supplied by the Institutional Ethics Committee, on matters including:
 - security of records;
 - compliance with approved consent procedures and documentation;
 - compliance with special conditions, and
- (ii) as a condition of approval of the research protocol, require that investigators report immediately anything which might affect ethical acceptance of the protocol, including:
 - adverse effects on participants;
 - proposed changes in the protocol, and/or
 - unforeseen events that might affect continued ethical acceptability of the project.

and subject to clarification of the following to the Human Research Ethics Committee:

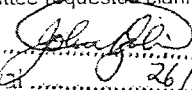
- Application form

At 1.6, it is indicated that some participants may be wards of the State. The Committee requested clarification of this point as it is not elaborated elsewhere in the application.

The Committee requested that there be consistency in designation of roles. For example, at 2.2 Ms Bellingham is described as Co-Investigator, yet in the information letters she is designated as the Research Assistant. Who is the "researcher" in whose presence the students will complete the CASI (see Project Outline, penultimate page)?

It was noted that the stated age range differed at 3.1a (6-16), 3.1c (7-15) and 4.1 (10-17). The Committee sought confirmation that these variations represented subgroups of the overall group.

At 3.1d, the health of participants is said to be normal. At 3.1g, however, it is stated that "some students may have mental health, intellectual, or unspecified difficulties." The Committee requested clarification of this apparent discrepancy.

Approved by 
Date of Approval 26/6/01

- Letter to Participants

The final version of the letter to participants should be on ACU St Patrick's Campus letterhead.

The Committee approved the application, subject to the local Deputy Chair confirming that the above matters have been addressed satisfactorily by the Supervisor and student researcher.

A Final Report Form will need to be completed and submitted to the HREC within one month of completion of the project.
OR

An Annual Progress Report Form will need to be completed and submitted to the HREC within one month of the anniversary date of approval.

Please sign, date and return this form (with any additional information, or supporting documents to show completion of any amendments requested) to the Administrative Officer (Research) to whom you submitted your application. This is essential before final approval by the Human Research Ethics Committee is confirmed.

Signed: [Signature] Date: 19/4/2001
Administrative Officer (Research)

(To be completed by the Principal Investigator, or Student and Supervisor, as appropriate.)

The date when I/we expect to commence contact with human participants or access their records is:

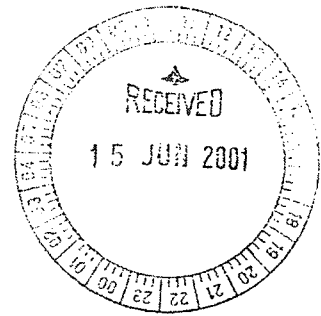
I/We hereby declare that I/We am/are aware of the conditions governing research involving human participants as set out in the Human Research Ethics Committee's *Guidelines and Instructions for Researchers/Students* and agree to the conditions stated above.

Signed: [Signature] Date: 15/5/01
(Principal Investigator (if staff) or Supervisor, as appropriate)

Signed: [Signature] Date: 16/5/01
(Researcher (if student))

OR/E30/974

Administrative Officer (Research)
Human Research Ethics Committee,
Office of Research,
Australian Catholic University
Locked Bag 4115, Fitzroy, 3065



30th May, 2001

Re: Ethics approval for 'Research and evaluation of three psycho-educational programs offered by MacKillop Family Services in Geelong, Victoria.'
Register Number: V2000/01-35

Dear Sir/Madam,

Thank-you for the provisional approval to undertake the above named research project. We wish to provide clarification for the issues raised in Ethics Committee Approval Form.

♦ *Item 1.6 on the Application form, indicating some participants may be wards of the state.*
Given that we do not know the familial circumstances of the participants, it is possible that some participants are under custodial or guardianship orders with the Department of Human Services. In any of these cases, we will acquire informed consent from the legal guardians of each child before research participation.
We will, of course, work co-operatively with MacKillop Family Services and the Department of Human Services in these circumstances.

♦ *Consistency in the designation of roles.*
It was noted that Co-Investigator was yet to be appointed. This appointment has been finalised since the submission of the application form. Ms Sue Green will undertake this research as a PhD project. Dr Joyce will operate as Supervisor, and Kylee Gallop as 'Research Assistant' when required. These names will also be adjusted accordingly on relevant information and consent forms (refer to amended page 3 of application form and consent forms attached).
Students will complete the CASI in the presence of Ms Sue Green.

♦ *Variations in the stated age ranges (items 3.1a, 3.1c, and 4.1).*
The overall age range is expected to be between 6 and 17 years. The stated range of 6 to 16 years in item 3.1a has been adjusted, as has gender age ranges noted in 3.1c (please see attached amendments). The age range in item 4.1 is a subgroup and will represent 10 to 17 years.

♦ *Discrepancy in details of participants health (items 3.1d and g).*
The 'normal' health for participants noted in 3.1d was with regards to physical health. The researchers do not anticipate physical difficulties that would be hindered by participation. As noted in 3.1g, any mental health issues will be appropriately and sensitively addressed.

♦ *Letter to participants.*
The letter to participants will be placed on ACU St. Patrick's letterhead. (see attached copy)

Thank-you for raising these discrepancies. We trust that we have addressed the concerns and questions adequately. If there are any further enquiries please call Dr Marie Joyce on 9953 3109.

Yours sincerely,


Kylee Bellingham
Research Assistant



Department of Education, Employment and Training

Office of School Education

5 Treasury Place
East Melbourne, Victoria 3002
Australia

GPO Box 4367
Melbourne, Victoria 3001
Australia

Telephone +61 3 9637 2000
DX 210083

SOS002014

18 February 2002

Ms Sue Green
Australian Catholic University
Locked Bag 4115
Fitzroy 3065

Dear Ms Green

Thank you for your application of 17 December 2001 in which you request permission to conduct a research study in government schools titled: *Research and evaluation of psycho-educational programs offered by St Augustine's Education and Training in the Barwon Region of Victoria.*

I am pleased to advise that on the basis of the information you have provided your research proposal is approved in principle subject to the conditions detailed below.

1. Should your institution's ethics committee require changes or you decide to make changes, these changes must be submitted to the Department of Education, Employment and Training for its consideration before you proceed.
2. You obtain approval for the research to be conducted in each school directly from the principal. Details of your research, copies of this letter of approval and the letter of approval from the relevant ethics committee are to be provided to the principal. The final decision as to whether or not your research can proceed in a school rests with the principal.
3. No student is to participate in this research study unless they are willing to do so and parental permission is received. Sufficient information must be provided to enable parents to make an informed decision and their consent must be obtained in writing.



4. As a matter of courtesy, you should advise the relevant Regional Director of the schools you intend to approach. An outline of your research and a copy of this letter should be provided to the Regional Director.
5. Any extensions or variations to the research proposal, additional research involving use of the data collected, or publication of the data beyond that normally associated with academic studies will require a further research approval submission.
6. At the conclusion of your study, a copy or summary of the research findings should be forwarded to me at the above address.

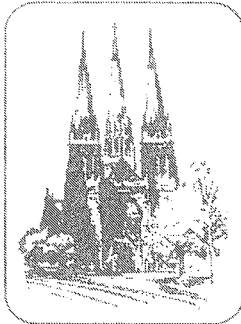
I wish you well with your research study. Should you have further enquiries on this matter, please contact Craig Irvin, Project Manager, School and Community Development Division, on 9637 2358.

Yours sincerely



Norm Dean
Manager
School Community Links & Networks

encl.



CATHOLIC EDUCATION OFFICE

JAMES GOULD HOUSE
228 VICTORIA PARADE
EAST MELBOURNE VIC. 3002

Telephone: (03) 9267 0228
Facsimile: (03) 9415 9325

CORRESPONDENCE TO:
Email ADDRESS:

P.O. BOX 3, EAST MELBOURNE VIC. 3002
director@cep.melb.catholic.edu.au
ABN 85 176 448 204

IN REPLY PLEASE QUOTE

GE02/0009

10 April 2002

Ms S Green
PhD Student
School of Psychology
Australian Catholic University
Locked bag 4115
FITZROY MDC VIC 3065

Dear Ms Green,

I am writing with regard to your letter of 19 March 2002 in which you referred to your forthcoming research project entitled *Research and evaluation of psych-educational approaches to prevention and intervention for marginalised young people in the Barwon Region of Victoria*. I understand that this research is part of your studies for a PhD at the Australian Catholic University. You have asked approval to approach St Augustine's Education and Training, Whittington, as you wish to involve the school's students and their parents.

I am pleased to advise that your research proposal is approved in principle subject to the following standard conditions.

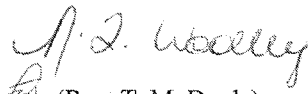
1. The decision as to whether or not research can proceed in a school rests with the School Principal. So you will need to obtain approval directly from the Principal of St Augustine's Education and Training.
2. You should provide the Principal with an outline of your research proposal and indicate what will be asked of the school. A copy of this letter of approval, and a copy of notification of approval from the University's Ethics Committee, should also be included.
3. No student is to participate in the research study unless s/he is willing to do so and informed consent is given in writing by a parent/guardian.

4. Any substantial modifications to the research proposal, or additional research involving use of the data collected, will require a further research approval submission to this Office.
5. Data relating to individuals or the school are to remain confidential.
6. Since the school has an interest in the research findings, you should discuss with the Principal ways in which the results of the study could be made available for the benefit of the school community.
7. At the conclusion of the study, a copy or summary of the research findings should be forwarded to the Information Services Unit of the Catholic Education Office.

I wish you well with your research study. If you have any queries concerning this matter, please contact Mr Mark McCarthy of this Office.

With every best wish,

Yours sincerely,



(Rev. T. M. Doyle)

DIRECTOR OF CATHOLIC EDUCATION



MacKillop Family Services

A shared ministry of the Sisters of Mercy, Christian Brothers and Sisters of St Joseph

Wednesday, June 18, 2003

Associate Professor Marie Joyce
Australian Catholic University
St Patrick's Campus
Locked Bag 4115
Fitzroy Business Centre
377 Gove St
Fitzroy, Victoria 3065

Dear Marie

Re: Sue Green's research ethics approval

My previous memo letter seems to have gone astray.

For the sake of the record, this is to let you know formally that Sue Green's research proposal to undertake systematic research into, and evaluation of, the psycho-educational programs delivered by St Augustine's Education and Training to marginalized children and young people in the Barwon Region was approved by MacKillop Family Services internal ethics processes.

The proposal was first submitted for research approval to the Policy and Programs Committee on 13.9.01, but was not considered until the meeting of 15.4.2002, at which meeting it was approved.

Best wishes,

John Honner
Director Practice & Policy
MacKillop Family Services

Cc: Anne Condon, Regional Director, MacKillop Family Services, Barwon Region
Sue Green, c/o St Augustine's Education and Training

Office of the Chief Executive

237 Cecil Street, South Melbourne Vic 3205. Telephone: (03) 9699 9177 Facsimile: (03) 9696 6496
Email: mfs@mackillop.org.au

MacKillop Family Services Limited (ABN 79 078 299 288). Registered Office: 123 Paisley Street Footscray 3011

Continuing the work of:

- Mercy Family Care Centre North Geelong • St Anthony's Family Service Footscray • St Augustine's Adolescent & Family Services Geelong
- St Joseph's Babies and Family Services Glenroy • St Joseph's Homes for Children Flemington • St Vincent's Boys Home South Melbourne
- St Vincent De Paul Child & Family Service Black Rock



AUSTRALIAN CATHOLIC UNIVERSITY

Mr Tony Hunt
Acting Principal
St Augustine's Education and Training
27-33 Oxford St,
Whittington 3219

May 1, 2002

Dear Mr Hunt

We are writing to obtain your consent in writing for the research, which will undertake systematic research into the needs of students and an evaluation of the programs offered by St Augustine's Education and Training. We are aware that this process is a formality as the need for the research arose from the principal and staff of St Augustine's Education and Training and from senior staff from MacKillop Family Services.

As the principal of St Augustine's Education and Training you are a member of the Project Management Committee overseeing the development and implementation of the research and we will value your active participation on this committee. The submission to conduct the research made to the Department of Education is attached for your information and records.

As you are aware the research has been approved by Human Research Ethics Committee at Australian Catholic University and MacKillop Family Service's Policy and Program Committee.

A complaints mechanism has been established for the principal of the school which involves the following:

1. Taking the complaint up with the researchers. If you are unable to resolve whatever issue is raised satisfactorily with the researchers there are the following three processes of action;
2. Taking the issue to the Regional Director of MacKillop Family Services, Ms Anne Condon. If she is unable to resolve the matter with the researchers then,
3. A meeting of the Project Management Committee for the research can be called to discuss the issue and,
4. Finally, in the event you have any complaint about the way a child or staff member has been treated which the above process has not been able to satisfactorily resolve, you may write to the Chair of the Human Research Ethics Committee at the following address:

St Patrick's Campus 115 Victoria Parade, Fitzroy VIC • Locked Bag 4115, Fitzroy MDC, VIC 3065, Australia
Telephone: (61 3) 9953 3000 Facsimile: (61 3) 9953 3065

BALLARAT • BRISBANE • CANBERRA • MELBOURNE • SYDNEY
www.acu.edu.au

Australian Catholic University Limited ABN 15 050 192 660

*Chair, Human Research Ethics Committee,
Office of Research,
Australian Catholic University
Locked Bag 4115
Fitzroy, 3065*

*Phone: 9953 3151
Fax: 9953 3315*

Any complaint you make will be treated in confidence, investigated fully, and you will be informed of the outcome. Parents have been informed that they may take complaints to the Chair of the ACU Human Research Ethics Committee.

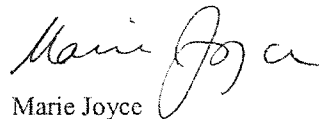
We would appreciate you signing the consent form in duplicate below. Please keep one of the signed copies for your records.

We look forward to a productive working relationship with you during the course of the research.

Yours sincerely,



Sue Green
B.Beh.Science, Grad Dip Child & Adol. Psych
Researcher



Marie Joyce
PhD, FAPS
Associate Professor of Psychology



AUSTRALIAN CATHOLIC UNIVERSITY

Consent Form to Conduct Research at St Augustine's Education and Training

I, TONY HUNT.....(insert name), Principal of St Augustine's Education and Training consent to the research entitled '*Research and evaluation of psycho-educational programs offered by St Augustine's Education and Training in the Barwon Region of Victoria*' being undertaken with the students and parents both on the waiting list and enrolled in our programs.

Signed.....AM Hunt.....

Date.....13-05-02.....

St Patrick's Campus 115 Victoria Parade, Fitzroy VIC • Locked Bag 4115, Fitzroy MDC, VIC 3065, Australia
Telephone: (61 3) 9953 3000 Facsimile: (61 3) 9953 3005

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Australian Catholic University Limited ABN 15 050 192 660

Appendix G: Information about the Study for Parents and Students.



Australian Catholic University
St Patrick's Campus
Locked Bag 4115
Fitzroy 3065

RESEARCH AND EVALUATION OF PSYCHO-EDUCATIONAL PROGRAMS OFFERED BY ST AUGUSTINE'S EDUCATION AND TRAINING IN THE BARWON REGION OF VICTORIA

This sheet provides information about the above research. The need for the research has come from the principal and staff at St Augustine's Education and Training (St A's) who believe that it is important to better understand the characteristics and needs of their students and to clearly document and evaluate their programs.

The aims of the research are to:

- develop a profile of the needs of all students attending St A's in the areas of student ability, achievement, behaviour and attitudes towards school and schoolwork
- obtain personal accounts from a sample of students and their parents/guardians about their past and present school experiences
- clearly describe and document the way St A's delivers their programs
- look at the success of individually tailored interventions in a sample of students
- assess short and medium term gains by following up a sample of students at least 3 and 6 months after they make the transition from St A's
- make recommendations for future improvements in program delivery and staff training

The research will be carried out by Ms Sue Green, who is a PhD student. She will be supervised by Associate Professor Marie Joyce from Australian Catholic University and Ms. Anne Condon, Regional Director of MacKillop Family Services in the Barwon Region.

Sue will be spending two days a week at St A's during school terms and will be introducing herself to all students and parents who may be involved in the research. Sue will provide further information to individual students and parents who may be participating in different parts of the research. Should you have any questions about the research, Sue can be contacted at any time on (03) 718- 2635 or mobile 0419347 913.

Appendix H: Consent forms for Student Assessment, Interviews and Individual Interventions.



Australian Catholic University
St Patrick's Campus
Locked Bag 4115
Fitzroy 3065

April, 2003

Dear Parent/Guardian,

As part of an evaluation of St. Augustine's Education and Training programs, we are wanting to gather information from the students involved in these programs. The aim is to provide a description of the student's abilities and achievements and what they think about school and schoolwork.

We are requesting consent for your child to participate in an assessment process. This assessment involves the following three measures being administered to your child whilst they are enrolled at St Augustine's Education and Training.

- Completing the Wechsler Abbreviated Scale of Intelligence (WASI). This measure has four sub-tests involving Vocabulary, Similarities, Block Design and Matrix Reasoning. The Scale takes about 30 minutes and will be administered by the researcher, Ms. Sue Green who is a PhD student undertaking the research and evaluation at St Augustine's Education and Training or in some cases your child's teacher.
- Completing the Wechsler Individual Achievement Test (WIAT-II). This test includes four sub-tests involving Reading, Mathematics, Written Language and Oral Language. The test takes about between 30 to 60 minutes and will be administered by the researcher or in some cases your child's teacher.
- Your child completing 'The Way I See Things' Survey (Bernard, 2002) which asks them about their attitudes towards school and the Youth Self Report Form (Achenbach, 2001) which asks them about their behaviour. Students will complete this by themselves but will be given assistance by their teacher or the researcher if they need help. It is anticipated that these questionnaires will take approximately 15 minutes each to complete.

These measures will be sensitively administered to your child and should they find the assessment too hard or are upset by the process in any way, testing will cease.

The results of the assessment will be kept completely confidential and not be released to anyone other than the researchers and your child's teacher. For the purposes of the research, your child's results will be given a code so that they cannot be identified in any way.

You will be free to withdraw your consent and discontinue participation in any aspect of the research, at any time, without giving a reason.

It is hoped that the assessment process will give your child the opportunity to express their thoughts and beliefs about school and the information gathered will contribute toward a better understanding of your child's educational needs. It will also help St Augustine's address the education needs within your local area more effectively.

This information is important as it will help develop a profile of students attending programs provided by St. Augustine's and allow them to better present and promote the benefits of the programs to government and other funding agencies. The research has come about in direct response to local needs and is fully supported by the St Augustine's principal and staff.

We are asking that you discuss this with your child and give permission for your child to participate in the study by filling out the attached forms. Keep one copy of the consent form for your records and return one copy to the researchers via St A's as soon as possible.

The project has been approved by the Human Research Ethics Committee at Australian Catholic University, the Catholic Education Office/Department of Education, and your school principal. Further information about the project can be obtained by contacting Sue Green (Researcher) (03) 9718-2635 or Associate Professor Marie Joyce (Supervisor) on (03) 9953 3109.

In the event you have any complaint about the way you or your child has been treated during the project, or a query that the researchers have not been able to satisfy, you may write to the Chair of the Human Research Ethics Committee at following address:

*Chair, Human Research Ethics Committee,
Office of Research,*

Australian Catholic University

*Locked Bag 4115,
Fitzroy, 3065.*

Phone: 9953 3151

Fax: 9953 3315

Any complaint will be treated in confidence, investigated fully, and you will be informed of the outcome.

Thank you for the time you have taken to read this letter. We look forward to hearing from you soon.

Yours sincerely,

Sue Green
Researcher

Marie Joyce, PhD, FAPS
Associate Professor of Psychology
Australian Catholic University



Australian Catholic University

Parent Consent Form for Student Assessment

TITLE: *RESEARCH AND EVALUATION OF PSYCHO-EDUCATIONAL PROGRAMS OFFERED BY ST AUGUSTINE'S EDUCATION AND TRAINING IN THE BARWON REGION OF VICTORIA*

Researchers: Ms Sue Green and Associate. Professor Marie Joyce from Australian Catholic University.

I have spoken about the research with my child and I give / do not give (*strike out whichever is not applicable*) permission for(name) at.....(*name of St A's Program*) to participate in the assessment process.

I have understood the information provided and any questions I have asked have been answered to my satisfaction. I understand that the data collected for this study may be published or provided to other researchers in a form that does not identify my child in any way.

Name of Son /Daughter:

Name of Parent/Guardian:

Parent/Guardian

Signature:.....Date:.....

Name of Researcher:.....

Signature:.....Date:

Please sign the 2 copies of the consent form, keep one for your own records with the information letter and forward one to St A's



Australian Catholic University
St Patrick's Campus
Locked Bag 4115
Fitzroy 3065

May 6, 2003

Dear Parent/Guardian,

As part of an evaluation of St. Augustine's Education and Training (St A's) programs, we are wanting to gather information from the students and parents both on the waiting list or currently enrolled in programs provided by St A's. The aim is to provide a description of the student's abilities and achievements and what they think about school and schoolwork. If your child is currently attending St A's a separate consent form has been provided to obtain your consent for your child's abilities and achievements to be assessed.

In this letter we are writing to obtain consent for you and your child to be interviewed. In the interview we will be asking you and your child about past experiences in mainstream school and current experiences at St A's. We will also be asking parents for their ideas about how programs at St A's can be improved, particularly in involving you in the progress of your child whilst attending (or waiting to attend) St A's or in better supporting you as the student's parent. To look at what happens after your child leaves St A's and either returns to mainstream school or to TAFE, another training program or employment we are also seeking you and your child's consent to be re-interviewed 3 and 6 months after they leave St A's.

We plan to arrange a time to interview you and your child separately at times and places that are agreeable to you. This could be either at St A's or if you prefer at your home. We expect interviews to take between 30 to 60 minutes. The interview will be conducted sensitively and if either you or your child feels upset by the interview in any way, we would stop the interview.

All interviews will be audio-taped to ensure that we have an accurate record of what is said. The results of the interviews will be kept completely confidential and not be released to anyone other than the researchers. For the purposes of the research, you and your child will be given a code so that they cannot be identified in any way.

You will be free to withdraw your consent and discontinue participation in any aspect of the research, at any time, without giving a reason.

It is hoped that the interview process will give you and your child the opportunity to express your thoughts and beliefs about past and present school experiences and the information gathered will contribute toward a better understanding of you and your child's needs. It will also help St Augustine's better address the education needs within your local area more effectively.

This information is important as it will help develop an understanding of the experiences of students and parents attending programs provided by St. Augustine's and allow them to better present and promote the benefits of the programs to government and other

agencies. The research has come about in direct response to local needs and is fully supported by the St Augustine's principal and staff.

We are asking that you discuss this with your child and give permission for you and your child to participate in the study by filling out the attached forms. Keep one copy of the consent form for your records and return one copy to the researchers via St A's as soon as possible.

The project has been approved by the Human Research Ethics Committee at Australian Catholic University, the Catholic Education Office/Department of Education, and your school principal. Further information about the project can be obtained by contacting Sue Green (Researcher) (03) 9718-2635 or Associate Professor Marie Joyce (Supervisor) on (03) 9953 3109.

In the event you have any complaint about the way you or your child has been treated during the project, or a query that the researchers have not been able to satisfy, you may write to the Chair of the Human Research Ethics Committee at following address:

*Chair, Human Research Ethics Committee,
Office of Research,*

Australian Catholic University

*Locked Bag 4115,
Fitzroy, 3065.*

*Phone: 9953 3151
Fax: 9953 3315*

Any complaint will be treated in confidence, investigated fully, and you will be informed of the outcome.

Thank you for the time you have taken to read this letter. We look forward to hearing from you soon.

Yours sincerely,

Sue Green
Researcher

Marie Joyce, PhD, FAPS
Associate Professor of Psychology
Australian Catholic University



Australian Catholic University

Parent Consent Form for Interviews

**TITLE: RESEARCH AND EVALUATION OF PSYCHO-EDUCATIONAL PROGRAMS
OFFERED BY ST AUGUSTINE'S EDUCATION AND TRAINING IN THE BARWON
REGION OF VICTORIA**

Researchers: Ms Sue Green and Associate Professor Marie Joyce from Australian
Catholic University.

I have spoken about the research with my child and I give / do not give (*strike out
whichever is not applicable*) permission for(name)

Of Grade/Formor(name of St A's program)to participate in the
interview process.

As the child's parent, I give / do not give (*strike out whichever is not applicable*)
permission(your name) to participate in the interview
process.

I have understood the information provided and any questions I have asked have been
answered to my satisfaction. I understand that the data collected for this study may be
published or provided to other researchers in a form that does not identify me or my child
in any way.

Name of Parent/Guardian:

Signature:..... **Date:**.....

Name of Researcher:.....

Signature:..... **Date:**



Australian Catholic University

St Patrick's Campus

Locked Bag 4115

Fitzroy 3065

May 6, 2003

Dear Parent/Guardian,

As part of an evaluation of St. Augustine's Education and Training (St A's) programs, we are wanting to gather information from the students currently enrolled in St A's programs. St A's provides individualised interventions to address educational needs, attitudes to learning and school and any behavioural difficulties experienced by students.

In this letter we are writing to obtain consent from you for your child to participate in an individual intervention program. In this program assessment of the way your child thinks about the world will be undertaken using the Subject-Object Interview. In this interview your child will be told a story about a boy who has lost his puppy and your child will be asked what they think should happen next. The program will then use worksheets to monitor behaviour and any changes in response to behavioural and cognitive (thinking) interventions. We will work in conjunction with your child's teachers at St A's to record behaviour before, during, and after interventions focusing on the child's behaviour and thinking. Our aim is to assess how effective this kind of method is in promoting pro-social behaviours. This is an extension of the work your child and their teachers do everyday and will provide important information to St A's staff about the effectiveness of these individual studies and interventions.

As the child's parent, you will have involved and a say in the purpose of the individualised program and be kept informed about progress and outcomes. The results of monitoring individualised interventions will be kept completely confidential and not be released to anyone other than the researchers, your child's teacher and you as the child's parent. For the purposes of the research your child will be given a code so that they cannot be identified in any way.

You will be free to withdraw your consent and discontinue participation in any aspect of the research, at any time, without giving a reason.

It is hoped that the use of individualised programs will document the type of interventions used by teachers at St A's to meet the social, emotional and educational needs of students. This information is important as it will help develop an understanding of what works with students attending programs provided by St. Augustine's and allow them to better present and promote the benefits of the programs to government and other agencies. The research has come about in direct response to local needs and is fully supported by the St Augustine's principal and staff.

We are asking that you discuss this with your child and give permission your child to participate in the study by filling out the attached forms. Keep one copy of the consent

form for your records and return one copy to the researchers via St A's as soon as possible.

The project has been approved by the Human Research Ethics Committee at Australian Catholic University, the Catholic Education Office/Department of Education, and your school principal. Further information about the project can be obtained by contacting Sue Green (Researcher) (03) 9718-2635 or Associate Professor Marie Joyce (Supervisor) on (03) 9953 3109.

In the event you have any complaint about the way you or your child has been treated during the project, or a query that the researchers have not been able to satisfy, you may write to the Chair of the Human Research Ethics Committee at following address:

*Chair, Human Research Ethics Committee,
Office of Research,*

Australian Catholic University

*Locked Bag 4115,
Fitzroy, 3065.*

*Phone: 9953 3151
Fax: 9953 3315*

Any complaint will be treated in confidence, investigated fully, and you will be informed of the outcome.

Thank you for the time you have taken to read this letter. We look forward to hearing from you soon.

Yours sincerely,

Sue Green
Researcher

Marie Joyce, PhD, FAPS
Associate Professor of Psychology
Australian Catholic University



Australian Catholic University

Parent Consent Form for Monitoring Individualised Interventions

**TITLE: RESEARCH AND EVALUATION OF PSYCHO-EDUCATIONAL PROGRAMS
OFFERED BY ST AUGUSTINE'S EDUCATION AND TRAINING IN THE BARWON
REGION OF VICTORIA**

**Researchers: Ms Sue Green and Associate Professor Marie Joyce from Australian
Catholic University.**

I have spoken about the research with my child and I give / do not give (*strike out
whichever is not applicable*) permission for(name)
Of Grade/Formor(name of St A's program) to participate an
individualised intervention program.

I have understood the information provided and any questions I have asked have been
answered to my satisfaction. I understand that the data collected for this study may be
published or provided to other researchers in a form that does not identify me or my child
in any way.

Name of Parent/Guardian:

Signature:..... Date:.....

Name of Son /Daughter:

Signature:..... Date:.....

Name of Researcher:.....

Signature:..... Date:

Appendix I: Assessment and Pathways Policy and Checklist

Assessment Policy and Procedure for the Evaluation

Background Rationale

During the period July 2002 to August 2003 all new students referred to and accepted into St Augustine's Centre for Education and Training (St A's) will subject to parent consent, participate in a comprehensive assessment process. This assessment forms a key component of developing a profile of students attending St A's over a twelve-month period, as a part of the PhD research funded by the Commonwealth Strategic Partnerships with Industry - Research and Training Program (SPIRT). This research is being conducted in a partnership between MacKillop Family Services, the Catholic Education Office and the Australian Catholic University. The assessment process, measures used, guardian consent and confidentiality requirements have been approved by the relevant ethic committees of the three research partners in addition to the State Department of Education. Once the twelve-month period is over there will be a feedback and review process to ascertain the usefulness of the measures, the data collected and which components of the assessment process St A's may want to incorporate into their practice on an ongoing basis.

Aims

- To obtain cognitive-developmental, educational and behavioural profiles of students attending St Augustine's Education and Training in order to better document and understand the needs of students.
- To use information obtained from the assessment process to facilitate individualised pathway and behaviour management plans.
- To provide a basis for program evaluation and ongoing program development.

Implementation Procedure

1. Referral

All new referrals should be completed using the new St Augustine's Centre for Education and Training Referral Form (September, 2002) with the Teacher's Report Form and the Survey of Student Assets filled in. Where parents are making the referral and their son or daughter is not currently attending school there is a Child Behaviour Checklist that can be completed in replace of the Teacher's Report Form. In most cases however, a teacher, case manager or someone else who knows the child or young person reasonable well should be able to complete the two forms.

When referrals are faxed through using the old form, referrers should be sent a hard copy of the new referral form and its attachments in the mail. The Referral Committee will not accept referrals until the new form and its attachments are completed. This is to ensure that base line assessment information is available prior to the student attending St Augustine's Education and Training.

2. Enrolment

In order to administer the WASI and WIAT-II and the youth self-report measures the Department of Education requires guardian/parent consent. The research forms comprising information about the research, the letter explaining the assessment process to parents/guardians and the consent forms have been attached to the new Confidential Consent and Permission Form and should be signed at the time the student enrolls. Should parents/guardians request any further information or do not want to sign the consent form Sue Green is to be contacted either by her pigeonhole, mobile 0419347913, or email at MacKillop so that she can arrange to meet personally with guardians/parents and answer any questions or concerns they may have.

3. Induction and/or trial period

Following parent consent at enrolment, the student will participate in the following assessment process during their induction or trial days:

- Administration of the WASI by either a staff member or the researcher.
- Administration of the WIAT-II by either a staff member or the researcher.
- Students aged between 11 to 18 years of age are to complete the Youth Report Form. If students have difficulty reading these scales can be administered verbally to students and/or be completed a page at a time. Students will be rewarded for completing this work with a MacDonald's voucher.

4. Once attending

Once teachers and youth workers have become familiar with the student (generally following the first 8 weeks), the Teachers Report Form and the Survey of Student Assets are to be completed by program staff.

Copies of the student's pathway plan and end of term reports should also be provided to the researcher for data analysis. The researcher will also collect critical incident reports. A sample of students with particularly challenging behaviours will have comprehensive behaviour management plans developed, implemented and evaluated.

5. Transition from St Augustine's Education and Training or transition to another St Augustine's Education and Training program

The Teachers Report Form, the Survey of Student Assets and the Transition Form are to be completed by program staff and passed on to the researcher at the point a student makes a transition from St Augustine's Education and Training or transfers to another St Augustine's Education and Training program. Students between 11 to 18 years of age will also the Youth Self Report Form. Please note that a sample of students will be followed up following their transition and guardian/parent consent will separately obtained to permit this. A sample of students and their parents will also be interviewed over time from their commencement at St Augustine's Education and Training through to up to six months after they leave.

Students who remain at St Augustine's Education and Training, that is those that have not made a transition from programs at the end of the research study (August 2003) will be again assessed by St A's program staff using the Teachers Report Form and the Survey of Student Assets.

I:\Research\Assessment Policy and Procedure.doc, August 2002. Updated March 13, 2003, for review in August 2003.

Pathways Planning Process

Program Checklist

1. Intake <ul style="list-style-type: none"> ▪ Clarification of expectations with referrer ▪ Discussion at referral meeting 	
2. Referral <ul style="list-style-type: none"> ▪ Referral form completed with attachments (TRF, SSA & other relevant information) ▪ Discussion at referral committee ▪ Program allocation and follow-up 	
3. School and/or home visit (where applicable) <ul style="list-style-type: none"> ▪ Meet with Principal, classroom teacher and other professionals ▪ Meet with parents and student 	
4. Induction trial period (dependent on program) <ul style="list-style-type: none"> ▪ Enrolment form and consent for assessment completed 	
<ul style="list-style-type: none"> ▪ Student code of conduct provided/signed 	
<ul style="list-style-type: none"> ▪ Assessment of student by St A's using TRF, SSA, WASI & WIAT-II 	
<ul style="list-style-type: none"> ▪ Student self assessment using YSR (where applicable to age) 	
<ul style="list-style-type: none"> ▪ Behavioural observations (formal and informal) 	
<ul style="list-style-type: none"> ▪ Work with student to identify skills, strengths, activities of interest and learning goals 	
4.1 Pathways Meeting (who is involved is dependent on program and student needs) <ul style="list-style-type: none"> ▪ Share assessment and observational data & discuss ▪ Develop individual pathway goals- long and short in line with CSF ▪ Document behaviour management strategies to be used (as applicable). 	
4.2 Ongoing monitoring of progress and critical incidents (where applicable) <ul style="list-style-type: none"> ▪ Development of Behaviour Intervention Plan for students with extreme and persistent behaviours ▪ Development of Crisis Management Plans for students with violent or self injurious behaviour ▪ Pathways Support Meeting to develop, monitor and review plans 	
4.3 Parent and student interviews about past experiences and current expectations (if in research sample)	

5. Review (timeline dependent on program)	
▪ CSF report to fit with year's cycle	
▪ Pathways review meeting	
6. Transition and follow-up (time line dependent on program)	
▪ Pathways review meeting (may include other St A's staff where an internal referral is being considered)	
▪ TRF and SSA completed by staff to assess change	
▪ Student self assessment using YSR (where applicable to age)	
▪ Complete transition form	
▪ Complete referral forms (either St 's internal or external as appropriate) and attach student documentation/transfer files	
▪ Provide follow-up support	
6.1 Parent and student interview (if in research sample)	

Pathways Policy & Checklist, April, 2003

Appendix J: Letter of Attestation

Letter of Attestation

This letter of attestation is in relation to Susan Green's PhD Thesis entitled 'Research and Evaluation of Psycho-educational Approaches to Prevention and Intervention for Marginalised Young People in the Barwon Region of Victoria.

This audit is divided into two parts. Part A was concerned with checking the accuracy of the transcripts made of the tapes. Part B was concerned with checking the accuracy of the quotations used in the text of the document in the Case Scenarios cited in Chapter Five, The Model of Psycho-educational Intervention cited in Chapter Seven, and in the Issues in Service Delivery cited in Chapter Eight.

The purpose of the audit was to examine the transcripts and quotations to ensure that the quotations are accurate reflections of the actual texts from which they have been taken and fair with respect to the views and sentiments expressed in the text surrounding each.

Part A.

I was given 59 tapes of 23 parents and students (See Appendix K) and a further 21 tapes of interviews with 21 staff. I randomly checked sections of the tapes and compared the transcripts as follows.

ID 5 checked page 9 of transcript

ID 12 checked page 4 of transcript

ID 19 checked page 2 of transcript

ID 25.1 checked page 3 of transcript

ID 25.2 checked page 16 of transcript

ID 32.1 checked page 7 of transcript

ID 32. 2 checked page 21 of transcript

In all instances the transcript was a very accurate reflection of the interview.

Part B.

In this section I selected case scenarios and quotes from the text at random and checked them with the taped interview. The following case scenarios and quotes were selected:

In Chapter Five, the case scenarios of 'Hayley' in the section 5.3.1 Positive outcomes and 'Liam' in the section 5.3.2 Negative outcomes.

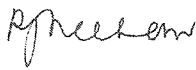
In Chapter Seven, quote ID 11, 2, 1 in the section 7.3.3 Developing caring and supportive relationships with students, quote ID 20, 4, 2 in the section 6.3.11 Behaviour management and quote ID 13, 7, 2 in the section 8.1.3 Individual planning, implementation and review.

In Chapter Eight, quote ID 20, 17, 3 in the section 8.2.3 Co-operation and collaboration with mental health services, quote ID 14, 11, 5 in the section 8.4.1 Changing target group and quote ID 7, 6, 1 in the section 8.4.4 Priority given to academic achievement.

In each case without exception the transcription of the material and the quotes cited was accurate and fair.

I testify that Susan Green's thesis contains a true and accurate representation of the data she collected from her interviews.

Signed



Dr Rosemary Sheehan,
Senior Lecturer In Social Work
Monash University, Victoria

Appendix K: Attributes of Students and Parents Interviewed

Gender, type of interviewee and number of interviews conducted	Reason for referral- Verbatim	Diagnosis and relevant background history	Program/s attended and outcome at exit and follow-up
Male student ID 23.1 =2 Mother ID 23.2=3	His behaviour is disruptive, undisciplined and he lacks control. Makes peculiar noises, gets very angry and is rude to teachers.	Mother recently moved to Geelong after leaving a violent marriage. Involved with a family support service. Access with his father commenced at follow-up.	Attended PEMU for 2 terms and repeated Grade 6. Following EMU was diagnosed with ADHD and put on medication. At follow-up had transitioned to High School and was doing well. His younger brother was subsequently referred and attended PEMU.
Female student ID 24.1 =2 Both parents ID 24.2 =1 Mother ID 24.3=1	This is a student who presents with a range of social and emotional difficulties that place her and others at risk. She feels victimised and picked on and possesses limited coping skills to deal with others. She has difficulty making and maintaining any lasting friendships and they often descend into conflict. She has a low frustration tolerance and similarly low problem solving skills. She often steals and lies and is in denial that she is part of any problem, often blaming the teachers and peers for the difficulties that occur. She can be physical with the other children and belligerent when in the mood.	On medication for ADHD. Student suffered extreme sexual abuse as a young child. Had previously attended a special education program interstate. Indigenous background and her grandmother was a member of the stolen generation.	Attended PEMU for 2 terms and completed Grade 6. At follow-up had transitioned to High School and was doing well. Her younger sister was subsequently referred to and attended PEMU.
Male student ID 25.1 =3 Mother ID 25.2 =3	Very young for his age, very angry and even aggressive towards other peers when they are trying to be nice to him. Very pro-active in behaviour and chooses to do the wrong thing in an attempt to get own way.	On medication for ADHD. Student spent considerable time in hospital as a child and missed out on school.	Attended PEMU for 3 terms and was maintained in primary school on a part-time basis. He was referred to the 'The School' in Year 7 and attended for 22 months.

	He has a negative attitude towards work and refuses to do it and has low self-esteem.	Mother suffers from depression.	He transitioned to TAFE and is still attending but at follow-up is experiencing difficulties with his anger and has damaged property.
Female student ID 26.1=2 Mother ID 26.2=2	She has difficulty with social skills and reading social cues. She has friendship issues and anger management issues. She is occasionally difficult in class, very defiant, will not do what is requested but her main difficulties are fights with others out in the school grounds.	Poverty and the eldest of 6 children.	Attended PEMU for 2 terms and successfully completed Grade 6. At follow-up is doing well at High School.
Male student ID 27.1=2 Mother ID 27.2=2	He was asked to leave primary school. He is attending part-time at another school due to his behaviour. He can be a thug in the yard, he stirs kids up in class, attention seeking, work refusal, and is defiant when asked to co-operate.	On medication for ADHD. Identical twin.	Attended Primary EMU for 2 terms but continued part-time attendance at school. Excluded from High School and at follow-up subsequently re-referred and is attending 'The School'. His twin brother also attended Primary EMU and was re-referred to Secondary EMU.
Male student ID 27.1=2 Mother ID 27.2=3	He experiences a sense of isolation and hopelessness, he seems like he has nothing to look forward to and has low self-esteem expressed by him frequently saying 'I didn't, I can't.' Has also very poor social/friendship skills.	Violent towards parents at home.	Attended PEMU for two terms and was maintained at primary school. Re-referred and attended SEMU for 3 terms once at high school. At follow-up he is at school but still refuses to attend at times and is violent at home
Male student ID 28.1=2 Mother ID 28.2=2	To provide him with an alternative educational setting. Was withdrawn from primary school and is currently he is doing home schooling with the hope he can begin Year 7. He is involved in a transition program but his support group believes he needs to have your program as a back up.	Aspergers syndrome.	Previously had attended Primary EMU and then St Helen's but his return to mainstream was not successful. He then was re-referred to 'The School' where he is still attending. He has spent a total of 38 months at St Augustine's.

Male student ID 29.1=2 Father ID 29.2=3	Lacks enthusiasm to attend school and has no motivation. Lacks direction and sense of a positive approach and attitude to school generally.	Parent divorce and moved to Victoria to live with his father.	Attended SEMU for 2 terms. At follow-up was doing well.
Male student ID 30.1=1 Both parents ID 30.2 =2	Has been in lots of trouble in 3rd term of Year 7. Struggling at school academically but very good at mechanical and practical subjects. Says he can't concentrate. Has been suspended numerous times and may be sent to another school.	Family transience. Short-term auditory memory difficulties diagnosed post EMU.	Withdrew from SEMU and was homeless for some time. Subsequently referred a New St but withdrew after 5 months. At follow-up not engaged in any day programs and has court action pending for stealing cars. Attended SEMU but was excluded.
Female student ID 31.1=2 Mother ID 31.2=3	This student is extremely violent and has been asked to leave.	Sexual abuse as a child. Diagnosed with Post Traumatic Stress Disorder. On medication for anxiety and mood stabilization.	Was referred to and attended 'The School' and New St for a total of 9 months. Transitioned to vocational education and at follow-up was still attending.
Male student ID 32.1=2 Both parents ID 32.2=1 Mother ID 32.3=1	Ongoing problems with disruptive and disobedient behaviour. Fails to comply with reasonable and clearly communicated instructions. Inappropriateness and serious actions during class time. Often given time out from school.	Victim of assault at school. Significant conflict at home with parents especially father.	Attended SEMU for 2 terms but left school and gained employment and attended a vocational training program. At follow-up had lost his job and had no day program.
Male student ID 33.1=1 Mother ID 33.2=1	Experiencing major difficulty with mainstream school such as following instructions, disrupting the learning opportunities of others. Staff are very concerned and anxious about what he may do with sharp objects, knives, broken mirrors etc.	On medication for ADHD Large step-family. Conflict at home with mother.	Previously had attended Primary EMU. Referred to and attended SEMU for two terms but was excluded from his mainstream school. Was referred to and attended YEP for 5 months. Withdrew from program and at follow-up was unable to be contacted.

Male student ID 34.1=2 Both parents ID 34.2=1 Mother ID 34.3=1	He can be very intimidating towards others and the teachers. He refuses to comply with reasonable requests and in the classroom he has difficulty remaining focused.	Conflict with step-father and between siblings. At follow-up was living outside of home.	Attended SEMU for 2 terms and was maintained at school. Subsequently withdrew from school and was referred to and attended YEP and New St for 9 months respectively. Transitioned to vocational education and at follow-up continues to attend spasmodically.
Male student ID 35.1=2 Both parents ID 35.2 =2 Mother ID 35.3 =1	Extreme concerns about aggression. This has reached a level where many teachers are afraid of him when on yard duty, his class teacher sometimes feels unsafe and we have a very real concern about the safety of other children in the playground.	At follow-up was placed on medication for bi-polar disorder.	Attended St Helen's for 12 months and returned to primary school in Grade 6. At follow-up was in High school but was regularly being suspended. His school has suggested a referral to SEMU.
Male student ID 36.1 =1 Mother ID 36.2= 2	Extreme violence towards other students. His teacher has had to take stress leave. Demonstrates bizarre behaviours such as rocking, hiding under tables etc	On medication for ADHD	Attended St Helen's, 'The School' and New St for a total of 6 years. Transitioned to a pre-apprenticeship program organised by his parents and at follow-up was continuing to attend.
Male student ID 37.1=3 Staff ID 37.2=3	Is a danger to other people and to himself in a normal school setting. He constantly seeks attention and demands 1:1 attention. He is socially and emotional in crisis and has a severe behaviour disorder.	Severe physical abuse and neglect. Living in out-of-home care with a history of multiple placements.	Attended St Helen's for 27 month but was excluded following multiple incidents. At follow-up enrolled at mainstream school but only participating for short periods at a time and has a 1:1 carer during the day.
Male student ID 38.1=2 Mother ID 38.2=2	He has had had repeated withdrawal from class and playground due to his disruptive behaviour. He has harmed others and needs constant supervision. It is stressful for his classroom teacher. There have been many concerns about his safety between school	On medication for ADHD.	Has been attending St Helen's for 22 months.

	and home regarding being safe on the roads and getting into fights with others, including with secondary aged students.			
Male student ID 39.1 =1 Mother ID 39.2 = 2	Explosive loss of temper. Seemingly routine situations often end up with him swearing, spitting or throwing something at a teacher. Normal school procedures such as parent interviews, short-term goal setting, suspensions have had little effect on the frequency and the intensity of his outbursts.	None identified.	Attended the 'The School' for 13 months then New St for 4 months. Stopped attending and at follow-up was at home and not engaged in any day activity.	
Male student ID 40.1 =1 Grandfather ID 40.2 =1	Experiencing major difficulty with mainstream school in not following instructions, disrupting the learning opportunities of others, not achieving positive learning outcomes. Staff are very concerned/anxious about what he may do with sharp objects, knives, broken mirrors etc.	Parent's separated and he moved interstate to live with grandparents.	Attended YEP for 8 months and returned to mainstream school. Re-referred to NEW St at follow-up but unable to be contacted due to a change in care arrangements.	
Male student ID 41.1 =1 Mother ID 41.2=1	He is constantly is oppositional and defiant. He will not listen to reason, constantly defies school rules, will not wear school uniform etc. Staff are intimidated by his behaviour. He is an absolute magnet for other kids and as a result kids are starting to mimic him.	Parent divorce.	Previously had attended St Helen's. Attended YEP for 15 months and was maintained in High School at exit. At follow-up he went to live with his father in order to attend a new school and was unable to be contacted.	
Female student ID 42.1=2 Mother ID 42.2=2	Suffers chronic school refusal due to illness and anxiety.	On medication for anxiety. Parent divorce. Mother's poor mental health.	Attended YEP for 13 months and was referred to New St where she attended for 4 months. Transitioned to vocational training and at follow-up was continuing to attend.	
Male student ID 43.1=3 Both parents ID 43.2 =3	Has been asked to find another school but is no longer attending.	None identified.	Attended NEW St for 20 months. At follow-up was attending a vocational education program.	

Male student ID 44.1=2 Mother ID 44.1=3	He is only attending school part-time and he is not learning or making friends. He has few positive experiences in his school day. The teachers are doing their best but they are tired of his antics. They are there to teach 30+ students not provide care for a difficult child. He is not age appropriate among his peers and constantly disrupts others.	On medication for Aspergers syndrome. Parent divorce. Violent towards siblings.	Attended New St for 6 months. Following transition was placed in a psychiatric unit after assaulting his siblings. At follow-up was back at High School doing a modified Year 11 program.
Male student ID 45.1 =1 Father ID 44.2 =1	Adrian is very overweight because he eats for comfort and has had a traumatic family background. As a result of his size he is continually teased by all and sundry and is isolated from his peers. He has tried many times to overcome this but feels he has failed. He is feeling very upset and his self-esteem had plummeted. He is a delightful student and will not be a behaviour problem but our concern is that he may harm himself.	Family breakdown Depression	Attended Secondary EMU then attended 'The School' for 16 months and New ST for 6 months. Transitioned to TAFE and at follow-up was doing well.
Male student ID 46.1 =1 Mother ID 46.2 =2	He has a history of school refusal. He started off in Year Seven, but in Year Eight his attendance deteriorated and he hasn't attended at all in Year 9. It is hope that he may find coming to a smaller, alternative program a place where he can feel more comfortable and less anxious.	School refusal.	Referred to New St but did not engage due to anxiety. At follow-up he was at home and in no day program.

Appendix L: Example of the Raw Data to Support a Specific Theme Developed from the Interview data

Dimension Four: Program Planning Issues- Theme: Role of the token economy system versus individualised goals, intervention and support.

Theme	Examples of the raw data
Role of the token economy system versus individualised goals, intervention and support.	
Extent to which points are a tool for reflection and student directed. Importance of talking to students	<p><i>It's very much not let's go and talk about what's going on, it's this is the consequence of what the student did in that session rather than talking about why they did it. We say to the student that 'if you want better access to our program or to the timetable, these are the things you can do'. We don't go into spending a lot of time looking at why they are behaving in a particular way, but instead try to reinforce that when they behave in a particular way, then this is the result you either get points or you don't (ID 8, 15, 6).</i></p> <p><i>They need to reflect upon their behaviour and understand that they did wrong or be able to sort of talk about it with the teacher. I might say 'did you really respect X this morning or were you really friendly' and they might say 'well no I wasn't really friendly to X' so I like the fact that they can reflect upon their behaviour (ID 8, 9, 2).</i></p> <p><i>Our points system is based on a reward system that is self-reflective so they get to rate their own behaviour. It just provides them with an opportunity to think about the good things of the day and the bad things and their goals and there isn't a system of losing points, we just focus on the positive. (ID 3,4, 2).</i></p> <p><i>I spend a lot of time with students talking about how they are feeling and giving them an opportunity to open up and talk about things. They often don't have that power at home or over themselves in their peers groups when they are out of here. Talking to the students is more important than giving points in my opinion (ID 17, 7, 5).</i></p> <p><i>I don't think we are asking the students to reflect enough. There is bit of it but I think that is valuable for young people to talk through and think about their feelings and how this is linked to their actions (ID 13, 8,1).</i></p> <p><i>Most regularly we used the TCI in using the reflective feeling type language we now use to bring kids down, because we don't always have the time or the opportunity to use the Life Space Interview, we use more the acknowledgement of their space stuff and that's what I have found most effective and what I use a lot. But from time to time we do get to use the LSI too and to do it properly (ID 7, 9, 4)</i></p>
Can be discretionary	<p><i>I don't understand the points system myself and I find it very difficult to do and I don't see how I can make judgments but I do it because it is my job. Constantly pointing your finger or being critical sometimes is just making a judgment and some people can deal with them swearing and others don't, sometimes you forget they are swearing because they talk like that all the time so it can be difficult to give points consistently. And then you get down to explaining to them that maybe if you hit your finger with a hammer and you say shit we are not going to give you lost points but if you get upset with me and go shit then I am going to deduct points and I know they need to learn appropriate use of language. But it is something I struggle with and one minute I find myself agreeing with it and the next I am disagreeing with it and then on maybe it not so bad (ID 12,15,1).</i></p>

Exploring other influences of the students functioning	<i>You see kids that have been going well and then their points just drop and I get concerned about what is going on there. Is it something they are feeling about the program, are they having a hard time at home, depressed about their girlfriend breaking up with them? To me we rely on the points too much and don't spend enough time exploring what is going on at that point of time for the students (ID 18, 13, 3).</i>
Program needs to be rewarding	<i>I would say that points only work while you have a kid that is interested in the program and achieving things by achieving good points. When kids say that the points don't matter and what I do doesn't matter well they have opted out really of that whole thing of participating. Its more than just doing it, it is something about an enthusiasm and some kids lose it after a year because the system is no longer rewarding for them (ID 1, 8, 3).</i>
Type of students the points system works best with	<i>It (the points system) works really well with borderline ID kids, and Asperger type kids I have seen them thrive, and the kids that just don't have much in their lives, impoverished kids it works well with as they can experience getting some goodies, they can get their chips, their bar of chocolate or their MacDonald's lunch. Whereas kids that are sophisticated and that get lots of stuff at home, it doesn't work for. Also I've had DHS kids and I have said 'you didn't get good points for this session' and they have said 'I don't give a shit, I can go home and act up all I like, the more I misbehave the more I get you know'. I don't think it works especially well for conduct-disordered kids either because they couldn't care less anyway. Also, generally speaking the young women don't get into it as much as the young men because they have more internal controls and they don't need the reinforcement (ID 14,12,1).</i>
Barriers to spending more time with students on an individual basis	<i>Years ago in we used to have an activity worker (who was an unqualified youth worker) that used to do all the self-esteem games and the play stuff and it would be really good to be able to do that again to support the teacher and also give a teacher some time to do some 1:1 work with students, you know the TCI approach. We really aren't set up to do that at the moment because if I say to one boy 'can I have a chat with you for a moment', as soon as you leave the other three you have mayhem, and how can you do it so the student has some privacy but you have to have an eye on the others. If we had more help one staff could take them out and talk to them individually to find out what is going on and then re-join them into the group. Or maybe having Gordon students or whatever come and help to free up a bit of time. The problem is that we don't have a structure where we can do any individual work with the students (ID 2, 9, 5).</i>

Appendix M: Sample of Style Used for Citing Quotes

In Chapter Five the case scenario's presented are a summary of the interviews with students and their parents over time and therefore provide a synopsis of what was said and reported by the participants about their experiences. Therefore they are cited as the following: (From interviews with student ID 24.1 and her mother ID 24.2). A random sample of two of the transcripts from two of these interviews, namely 'Hayley' and 'Liam' have been checked by an independent academic to attest that the summaries are an accurate representation of both the content and views of the interviewees (see Appendix J).

For the reminder of any quotes from students, parents, or staff interviewed in Chapters Four, Seven or Eight the following procedure was used to cite the quotes. For staff for example, in the following quote and citation of (ID 11, 2, 1) below in section 7.3.3 *Developing caring and supportive relationships with students* ID 11= refers to the research number given to the staff member, 2 = refers to the page of the transcript and 1= refers to the paragraph from which the quote was taken.

.....The school has many resources and things to share with its students but the most valuable resource it has is its staff and the relationships they are prepared to offer to the students. This relationship comes before any structure, task or academic performance. Rehabilitation takes place in the context of these relationships, the other programs merely back up and reinforce this (ID 11, 2, 1).

For parents and students for example, in the following quote and citation of (Parent ID 28.2, 1, 8, 5) below in section 7.3.4. *Perceived values and personal qualities of staff*. ID 28.2= refers to the research number given to the parent, 1 = refers to the interview number, 8 = refers to the page of the transcript and 5= refers to the paragraph from which the quote was taken.

It's just a very open, friendly but that's probably not the right word to use. I think it's like an envelope, everybody fits inside whereas in mainstream, he slowly got excluded from the envelope, and the further away the got the more different he felt (Parent ID 28.2, 1, 8, 5).

Appendix N: Reliability of the Survey of Student Assets.

RELIABILITY ANALYSIS - SCALE (ALPHA)

Item-total Statistics

	Scale Mean Total	Scale Variance	Corrected Item- Correlation	Alpha if item deleted
T1SSA1	77.5780	281.7832	.4603	.8460
T1SSA4	77.2661	293.4008	.1297	.8552
T1SSA7	77.9083	288.2322	.3020	.8499
T1SSA10	76.2385	295.8870	.0682	.8576
T1SSA13	78.0917	286.1397	.4520	.8469
T1SSA16	77.1009	301.5916	-.0354	.8594
T1SSA20	77.9541	286.0812	.4205	.8473
T1SSA26	77.9725	286.1196	.4375	.8471
T1SSA32A	78.2569	288.8408	.4100	.8480
T1SSA3	78.1101	289.3767	.3565	.8488
T1SSA9	78.4312	286.7475	.4807	.8467
T1SSA15	78.3394	285.8930	.4863	.8464
T1SSA19	77.3853	286.6279	.2776	.8509
T1SSA22	78.2569	293.6741	.2175	.8515
T1SSA28	77.7248	285.6828	.4513	.8468
T1SSA33	77.1560	297.2069	.0473	.8579
T1SSA36	77.3853	285.5168	.2862	.8508
T1SSA2	78.4220	288.6906	.3745	.8484
T1SSA8	78.3028	287.9538	.3827	.8482
T1SSA14	78.4771	286.4740	.5442	.8460
T1SSA21	78.3761	285.8665	.4535	.8468
T1SSA23	77.3211	285.4608	.2963	.8504
T1SSA27	78.2844	288.5202	.4790	.8472
T1SSA29	77.8349	289.1762	.2597	.8510
T1SSA32B	78.1835	288.4475	.3809	.8483
T1SSA5	77.7890	284.3347	.4659	.8463
T1SSA11	78.2018	285.2367	.4797	.8463
T1SSA17	78.0275	288.3974	.3514	.8488
T1SSA24	77.8716	283.7982	.3709	.8482
T1SSA30	78.1376	288.4161	.3830	.8482
T1SSA38	77.9083	283.4730	.3597	.8485
T1SSA39	77.5780	283.1536	.3223	.8499
T1SSA6	77.8257	286.8860	.3720	.8483
T1SSA12	77.3853	286.8687	.3065	.8499
T1SSA18	78.1927	286.5274	.4504	.8470
T1SSA25	78.3945	294.8707	.1781	.8523
T1SSA31	78.0826	285.3727	.4268	.8471
T1SSA34	78.2018	286.1626	.4456	.8469
T1SSA35	78.2477	288.7066	.3307	.8492
T1SSA37	78.2202	288.0066	.3825	.8482

Alpha = .8525

Appendix O: Paper on the Reduction of Critical Incidents Following TCI Training
Information for WorkSafe, Victoria

The impact of training in Therapeutic Crisis Intervention on the number of critical incidents at St Augustine's Education and Training.
June 2005

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The incidence and severity of critical incidents has been found to be an important indicator of how safe the school environment is for students and staff (Anderman 2002; Brentro and Shabazian, 2004; Flannery, 1997; Halikias, 2004). This paper describes the results of an analysis of critical incidents at St Augustine's Education and Training over a two-year period from January 2002 to December 2004. This analysis was undertaken to assess the impact of the provision of staff training in Therapeutic Crisis Intervention on the number and type of critical incidents. These results are a part of an overall evaluation of programs provided by St Augustine's Education and Training funded by the Australian Research Council's Strategic Partnerships with Industry-Research and Training Scheme (SPIRT). Partners to the research were the Australian Catholic University, the Catholic Education Office, Melbourne and MacKillop Family Services.

1. Background. St Augustine's Education and Training provides a unique range of alternative education services for students at risk of being excluded from school and for those that have already experienced exclusion because of their behavioural and mental health difficulties. Programs provided are:

- A withdrawal program called Primary and Secondary Education Mobile Unit (EMU) for students at risk of exclusion from their mainstream school. Students attend for one day a week for up to two terms and work is undertaken to maintain their placement in their mainstream school¹.
- A specialist primary school called St Helen's and a secondary school called 'The School' for students unable to be maintained in mainstream schools despite intensive supports being provided. Students generally attend full-time until they are able to return to mainstream school or to access vocational preparation or training options.
- A transition to vocational training program called New St for students who are generally not attending mainstream school at all. Students attend for up to three days per week until they are able to access vocational or employment preparation and training options.
- An outreach education program called Youth Ed-venture program (YEP) for students requiring intensive support in order to reconnect with education and training options. Students attend for two days per week until they are able to move on to a less intensive service.

¹ Note many of the secondary school students are 'on protocol' when referred to EMU. 'On protocol' means that they are being given a second chance at another school in order to prevent expulsion from their home school.

All programs are located on the one campus based in Whittington, Geelong. St Augustine's Education and Training employs a total of 20 effective full-time staff and, at any one time, up to 75 students between 5 and 15 years of age are enrolled for periods ranging from two terms to two years. Students generally spend the morning doing academic activities and then in the afternoon participate in a range of off site adventure learning activities such as fishing, bike riding, canoeing and surfing. The Primary and Secondary EMU program, St Helen's and 'The School' also provide end of term camps for students who have done well in reaching their personal goals.

2. *The behavioural difficulties of students.* When making a referral to St Augustine's Education and Training school personnel who know the student well are asked complete the Teachers Report Form (Achenbach and Rescorla, 2001). The Teachers Report Form (TRF) is a standardised measure for rating the behavioural and mental health difficulties of children and adolescents between the ages of 6 to 18 years. The TRF is one of the established measures used to assess students for funding under the Severe Behaviour Disorder category in Victoria (DEET, 2002).

Results from the Teachers Report Form (TRF) on a sample of 96 students referred to St Augustine's Education and Training from 2002 to 2004 found that students typically present in either the borderline or clinical range of psychopathology for the syndrome scales of aggression and rule-breaking behaviour and in the clinical range for the broad band externalising and total problem scales. The students attending the specialist primary school, St Helen's, are a particularly disturbed group as they also score in the clinical range for social problems, attention difficulties, thought problems and somatic complaints.

Analysis of referral information found that in 46% of cases, referrers specifically request a placement at St Augustine's Education and Training because of the violent and aggressive behaviour demonstrated by students and in 56% of cases their disruptive, non-compliant behaviour was unable to be adequately managed by their mainstream school. Given the high level of psychopathology exhibited by students attending St Augustine's

Education and Training, the working environment is therefore one of high-risk for incidents involving violence and aggression towards both students and staff.²

3. Treatment philosophy and model of psycho-educational intervention. Programs at St Augustine's Education and Training are underpinned by the philosophy of respect, participation and safety. This philosophy is reflected in all facets of how programs are delivered, from the individual goals and behavioural contracts that are negotiated with students and their families, to the manner in which staff relate to one another and to students.

The model of psycho-educational intervention adopted by St Augustine's Education and Training is closely aligned to the principles of best practice for the management of challenging behaviour in students with social, emotional and behavioural difficulties (Cole, Visser & Upton, 1998; Visser, 2005). A brief description of these practices is provided below.

Building positive, caring relationships. Most students attending St Augustine's Education and Training have experienced very negative relationships with authority figures and lack the ability to make and maintain positive relationships with both their peers and adults. All programs provide for a minimum staff to student ratio of 1:4 and staff place primary importance on developing caring relationships that offer emotional safety and protection, trust and acceptance.

Empathy and compassion. Many of the students have experienced family trauma and poverty and a lack of opportunities to participate in meaningful developmental and recreational experiences. The importance of empathy and the ability to see the world through the eyes of the student means that staff continually ask the question; 'why is this student behaving in this way at this time and how do I best respond to meet their individual needs given their background experiences?'

A belief that behaviour can change. Teachers within the mainstream system often regard the behaviour of students as 'beyond hope' or that the students are resistant to change. Students on the other hand, often feel shame and a sense of personal inadequacy because of their personal experiences of being singled out and may lack a vision for the future.

² It is noted that the literature indicates that staff working in specialist settings for students with emotional and behavioural disorders are four times more likely to be injured by a student than are staff in general

Belief in the possibility of change by staff means students are held in high esteem and respected even when their actions are disruptive. Each program provides opportunities for students to reflect frequently upon their thoughts, feelings and behaviour using a point system where students and staff rate the student's adherence to the principles of respect, participation and safety throughout the day. For example, this may occur after each academic session or adventure learning activity.

High expectations and the explicit modelling of acceptable behaviour. Students often arrive with a reputation of difficult to manage behaviour and may have experienced negative encounters with teachers in their mainstream schools because their inappropriate behaviour is anticipated if not expected. Staff at St Augustine's Education and Training understand that students lack appropriate coping skills and that their survival strategies are often anti-social and self destructive. Staff expect that students will behaviour appropriately and consistently give students the reasons for why their behaviour may be unacceptable together with role modelling and specific instruction in alternative ways to react appropriately to achieve a more successful outcome.

Engaging learning activities and fun. As a result of negative experiences at school, students have generally have developed a mindset that learning is to be endured or avoided. Staff strive though the provision of a range of classroom and adventure-based activities to create a stimulating learning environment where school is seen as a place not only to engage in purposeful instruction but also to enjoy learning and to have fun.

Teamwork and communication. Particularly in secondary school, students may have experienced inconsistent behaviour management from different teachers. At St Augustine's Education and Training, teachers and youth workers are employed to work as a small team of 2 to 4 staff in each program. Various mechanisms such as end of the day meetings and the ongoing review of the pathway goals of students are undertaken involving all members of the program team to ensure consistency in management and planning

Providing a 'fresh start'. The majority of students have experienced significant trauma as a result of repeatedly being suspended or excluded from their former school. St Augustine's Education and Training operates on the premise of giving students a 'fresh start'. In practice this means that even if a student is sent home because they have been

involved in a critical incident, the next day a meeting is arranged with the student and their parents to reflect on what happened and to start again in re-negotiating their personal goals and the aims of program participation.

A pre-post measure of change in cognitive beliefs and attitudes towards learning in the students attending St Augustine's Education and Training from July 2002 to July 2004 has been undertaken as part of the evaluation of programs. Findings suggest that the practices above led to significant changes in cognitive beliefs and attitudes towards learning. It was found that there were statistically significant improvements in the four foundations identified by Bernard (2000) as necessary for student achievement and social emotional wellbeing. The four foundations of confidence, persistence, organisation and getting along and the associated cognitive beliefs and attitudes that underpin these domains are described in Table One.

Table One. Foundations for social and emotional competence (Bernard, 2000)

1. Confidence

- Self-acceptance. Not thinking badly about yourself when you make a mistake.
- Risk-taking. The ability to take on a challenge and try something new even if you think that you are not good at the task or activity.

2. Persistence

- Optimism. The ability to think something can be achieved even when the task is difficult.
- Internal Locus of Control for Learning. To know that success is achieved by hard effort.
- High Frustration Tolerance. The ability to persist with tasks even when they are undesirable.

3. Organisation

- Goal Setting. The ability to set a goal in order to be more successful.
- Time Management. Planning enough time to realistically accomplish a task.

4. Getting Along

- Tolerance of Others. Accepting that others are different and also make mistakes.
 - Reflective Problem Solving. The ability to think about different ways to react and to be aware of the impact of your actions on how others might feel.
 - Tolerance of Limits. The belief that by following rules at school or at home, an individual's rights and the rights of others will be protected.
-

4. *Critical incident policy and procedure.* St Augustine's Education and Training is auspiced by MacKillop Family Services. MacKillop Family Services is a large multi-service Catholic welfare agency that provides a range of disability, child welfare, family support and educational services in the Southern, Western and Barwon regions of Victoria. The current budget of MacKillop Family Services exceeds \$22 million, with 360 staff employed and over 300 volunteers, including 120 foster families contributing to service provision (Annual Report, 2004).

MacKillop Family Services has established crisis prevention and management strategies, which include the policy and procedure for reporting critical incidents and clearly specified parameters for when physical restraint may be used. Critical incidents that occur at St Augustine's Education and Training are reported in accordance with the format required by the Department of Human Services. Parents are contacted following incidents and copies of all incident reports are provided to the Program Manager of St Augustine's Education and Training and to the Regional Director and Chief Executive Officer of MacKillop Family Services.

5. *Description of training provided.* During 2002, in response to a concern about the number of critical incidents that were occurring at St Augustine's Education and Training³, the Principal organised for Therapeutic Crisis Intervention (TCI) training (without physical intervention) to be provided all staff. TCI is a crisis prevention and intervention training program that was developed by Cornell University, New York in the early 1980's under a grant from the National Centre on Child Abuse and Neglect. TCI was originally designed for residential out-of-home care facilities but has also been adopted by schools and child and adolescent mental health services in the United States, Canada, the United Kingdom, the Republic of Ireland, Australia, Russia and Israel (Nunno, Holden, Wise & Endres, 2003).

The purpose of the TCI training program is to assist organisations in preventing crises, de-escalating potential crises, and managing acute physical behaviour in a safe manner to reduce potential and actual injury to students and staff (Budlong, Holden & Mooney, 1993). TCI differs from other violence prevention training programs such as Physical Assault and Response Training (PART) as it incorporates the Life Space Interview as an integral part of the post crisis response. Training in how to conduct a Life Space Interview provides staff with

³ This followed 28 incidents occurring in the month of August 2002.

the means to understand why the incident occurred from the student's point of view and to teach new coping skills (Dawson, 2003; Long, Wood & Fecser, 2001).

The TCI curriculum is based on participants attaining three core competencies. These are to be able to:

- pro-actively prevent and/or de-escalate a potential crisis situation,
- safely and therapeutically manage a crisis situation, and
- process crisis situations with children and young people to help improve their coping strategies.

The TCI training provided to staff at St Augustine's Education and Training comprised a total of 28 hours delivered over an eight-week period from October to November 2002. Many of the skills taught in TCI are counter intuitive and require practice using real life scenarios in order for new skills to be established. To ensure relevance and to provide for opportunities for new learning, the training sessions extensively utilised role-plays using recent incidents that staff had to deal with and manage within their programs.

At the end of training staff were required to sit a written and multiple choice test to assess their knowledge and understanding of the course content and do an oral presentation of their Life Space Interviewing technique for appraisal, feedback and group discussion. Oral presentations generally occurred in a theatre type environment in front of the staff group involving three participants with one person acting as the interviewer, one person role-playing the student and one person being the observer and coach if necessary. This meant that problem solving of actual situations occurred as a group and in some instances resulted in changes to program procedure as a result of better understanding the needs of the individual students depicted in the role play interviews.

6. Method for analysing critical incidents. An Excel spreadsheet was used for data entry and analysis. The description of incidents was entered verbatim from hard copy records and then coded according to program type, when the incident occurred (time of day, the month and year), where the incident occurred, the type of incident, the number of

students involved and whether or not a staff physically intervened⁴. Students were given an ID to ensure anonymity. Three examples of how individual incidents were coded are provided below.

The student was angry at the teacher for asking him to do the next stage of his work. He tore up his work, verbally abusing the teachers, then threatening to kill her. He then began throwing books around the room. He did settle himself down to read, but then decided to go for the class computer, pulling out all the cords and trying to break the speakers. This incident was coded as occurring in class, involving one student verbally abusing the teacher and damaging property.

There was a shoving race to the bus and a quarrel over who was going to sit in the back seat. Two students shirt fronted each other and words were exchanged. The teacher stepped in between the students twice and both agreed to separate. As one of the student stepped into the front seat he said "have a cone why don't you" i.e. meaning to calm down. At this the other student in the back seat flew to the front throwing punches to his head and the student in the front seat caught a few in the face. This incident was coded as occurring in the bus involving an altercation between 2 students and an assault on a student.

Two students were involved in an argument during a bike ride. The teacher asked one student to move up the line, however he went so far that he disappeared. The student came out from hiding and went across the road without asking. The teacher stopped the student from riding and then he ran across the road dodging the traffic. When the other students got to the bike track, the student was still angry and started a fight with another student, kicking and punching him viciously. The teacher restrained him and then released him when calm. Almost immediately, the student then went to attack the same student and was restrained again, but the teacher received several punches in the effort. This incident was coded as occurring on a school outing involving an altercation between 2 students, refusing to follow directions, an assault on student and staff and physical intervention by the staff member.

⁴ It is noted that the reporting of injuries to staff were often reported on a separate form and therefore were not available for analysis. The duration of incidents was also not always clearly specified so was not recorded in the coding of incidents.

7. *Results of the critical incident analysis.* From January 2002 to December 2004 there was a total of 216 critical incidents at St Augustine's Education and Training. The year 2002 was used as the baseline as these incidents occurred prior to TCI training. It was found that there was a significant reduction in the number of critical incidents between 2002 and 2004. Table One indicates that the number of critical incidents reduced from a total of 108 incidents in 2002 to 72 incidents in 2003 (a reduction of 34%), and 36 incidents in 2004 (a reduction of 77%).

Table Two. Number of critical incidents by month and year from 2002 to 2004

Year	Month											
	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2002	7	5	2	15	14	6	28	6	17	5	3	108
2003	12	9	2	6	8	2	12	7	9	3	2	72
2004	0	8	0	5	1	4	6	1	5	3	3	36
Total	19	22	4	21	23	12	46	14	31	11	8	216

Figure One graphically depicts the reduction in incidents over time. Troughs in the graph tend to coincide with school holiday periods occurring during the months of April, July and September.

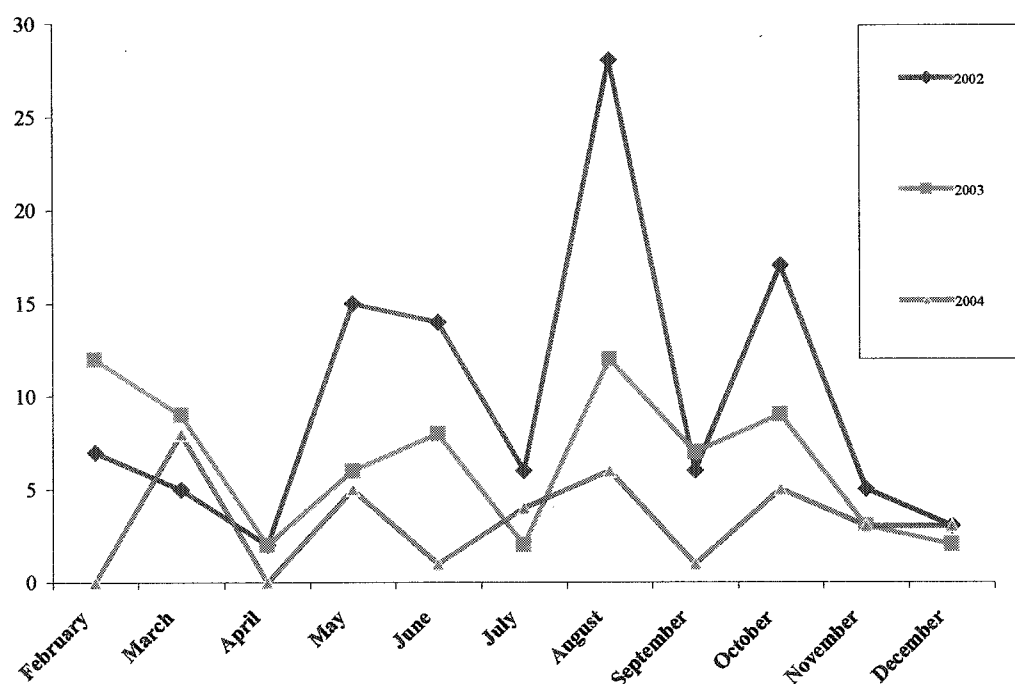


Figure One. Reduction of incidents over time by program type

Table 3 and Figures 2 and 3 provide a breakdown in the number of critical incidents by program type. The results indicate that 51.3% of all incidents occurred with students enrolled St Helen's. This is indicative of both the developmental immaturity and high level of psychopathology evident in these primary school aged students. Despite these factors, St Helen's was able to reduce the number of incidents from 56 in 2002 to 14 in 2004. This is a 25% reduction in the number of incidents occurring with students attending the St Helen's program. It is noted that other program factors may have contributed to this reduction. During the research period the program model at St Helen's was redeveloped to better meet the needs of primary school students and one particular student that was involved in frequent incidents left the program. With the YEP program the reduction of incidents to zero in 2004 may be explained by a significant change in the target group of students referred. The group of students attending YEP changed over time from young people exhibiting very challenging behaviours and who were living in residential care to those who were more likely to be living at home and attending school.

Table 3. Number of critical incidents by program type from 2002 to 2004

Program	2002	2003	2004	Total	%
Primary EMU	6	4	4	14	6.4
Secondary EMU	9	5	3	17	7.8
St Helen's	56	41	14	111	51.3
The School	15	10	11	36	16.6
New St	12	3	4	19	8.7
YEP	8	9	0	16	7.4
Total	108	72	36	216	100

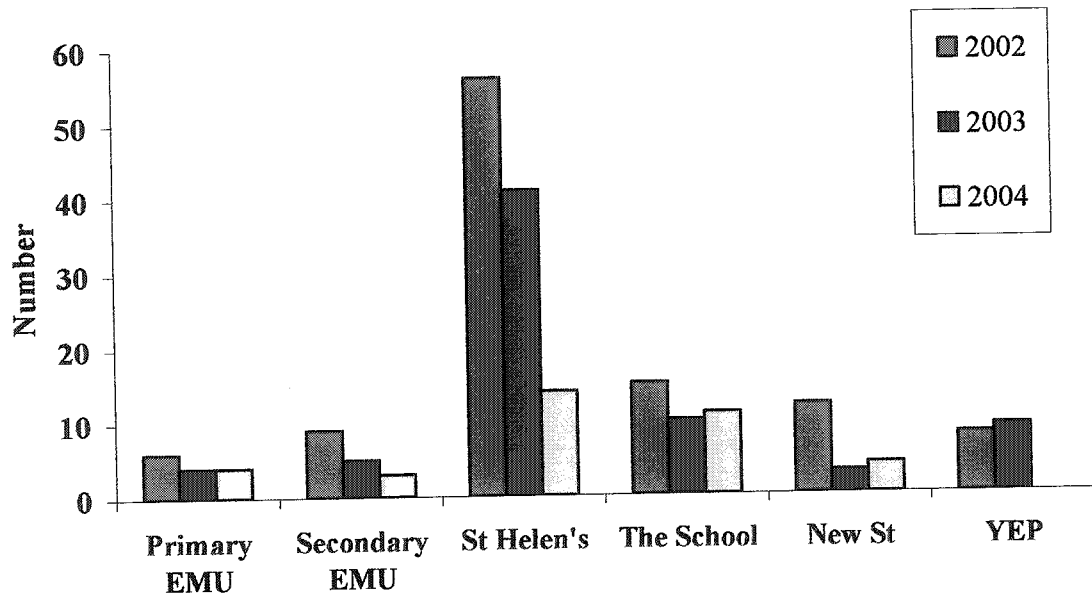


Figure 2. Number of incidents by program type from 2002 to 2004

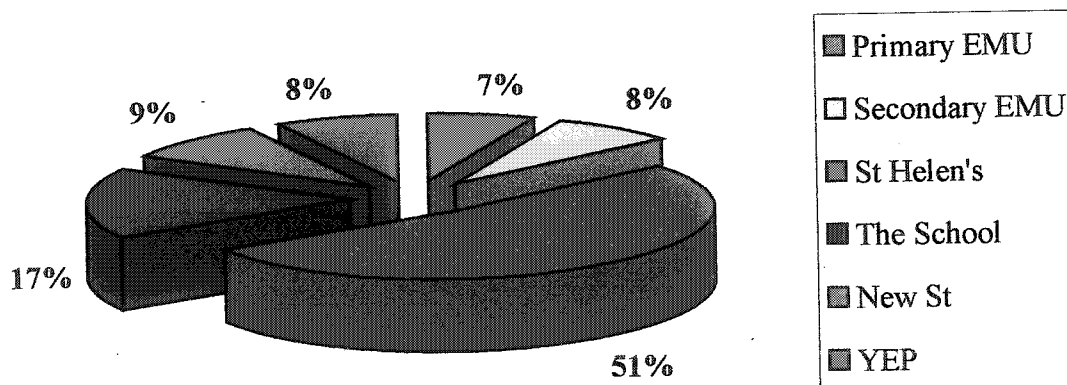


Figure 3. Percentage of incidents by program type from 2002-2004

Table 4 reports on the category of incident over time. It is noted that there was generally more than one category recorded for each incident. For example an altercation between students may have led to an assault on a staff member.

The number of altercations between students or the incidence of verbal abuse and threats of violence towards staff is likely to be significantly higher than is represented in these

figures as this behaviour in itself would have been unlikely to have led to an incident report unless assault, property damage or the student running away was also involved.

The results indicate that even though there was a reduction in the number of critical incidents over time, in general the categories involved remained stable.

Table 4. Category of incident over time

Category of incident	2002		2003		2004		2002-2004	
	N	%	N	%	N	%	N	Total %
Student altercation	41	37.9	17	23.7	12	31.0	70	32.0
Assault on student	36	33.3	15	20.8	11	28.9	62	28.7
Verbal abuse or threats to staff	29	26.8	23	31.9	9	23.7	61	28.7
Assault on staff	27	25.0	23	31.9	10	26.3	60	27.7
Refusal to follow instructions	27	25.0	19	26.3	12	31.5	58	26.8
Property damage	24	22.2	13	18.0	9	23.7	46	21.2
Physical intervention by staff	18	16.6	13	18.0	5	13.0	36	16.6
Running away	16	14.8	13	18.0	5	13.0	34	15.7
Substance abuse at school	4	3.7	1	1.3	0	0	5	2.3
Disclosure of abuse	3	2.7	1	1.3	0	0	4	1.8
Threatened suicide	3	2.7	1	1.3	0	0	4	1.8
Possession of drugs at school	2	1.8	1	1.3	0	0	3	1.3
Theft of property	1	0.9	2	2.7	0	0	3	1.3

The use of physical intervention was on occasions used more than once during a single incident but for the purposes of the analysis was only recorded as one episode unless more than one student was restrained. It is noted that the type of restraint used was often not specified in the reports and therefore the general category of physical intervention by staff was used.

Physical restraint is a high-risk intervention which can result in staff and student injury and even death (Altemari, Blint, Dwight, & Megan, 1998). Table 4 shows that in general, physical intervention was infrequently used, as there was only a total of 36 occasions where this was recorded out of the total number of 216 reported incidents. This suggests that staff in practice model the 'hands off' safety policy of the school unless physical intervention is required to prevent serious harm to either staff or students. Students attending St Helen's were more likely to be restrained. Of the 36 occasions where physical intervention was used, 21 or 58% occurred at St Helens, 6 or 16.6% in 'The School', 4 or 11% in New St, 3 or 8.3 % in Primary EMU and once or 2.7% in both the Secondary EMU and YEP program.

Table 5 reports on the number of incidents that students were involved in from 2002 to 2004. Often there were two or more students involved and one may have been the instigator whilst the other the victim of the student's actions. A student was only included if they were named in the report as an active participant or victim of the incident. That is, students were not included if they were an observer, e.g. if they were passengers on the bus where the incident occurred. There were also times when there was insufficient detail in the reports to identify students e.g. *'this caused all the students to revolt'* or *'other students then started calling out abusively'*.

There were 430 students involved in the 216 incidents that occurred from 2002 to 2004. This is an average of 1.9 students per incident. However, there were ten incidents involving more than four students, and one incident that occurred on camp involving nine students.

Overall, Table 5 shows that 81% of students were involved in three or less critical incidents whilst the remaining 19 percent were involved in between 4 and 7 incidents. The two students that were involved in 25 and 43 incidents both attended the St Helen's

program. This indicates that for the majority of students, programs were successful in preventing their involvement in multiple incidents over time.

Table 5. Number of incidents per student from 2002 to 2004.

Number of incidents	1	2	3	4	5	6	7	8	9	25	43
N of students	68	43	17	8	5	7	4	3	1	1	1
% of students	43.0	27.2	10.7	5.0	3.1	4.4	2.5	1.8	0.6	0.6	0.6

Table 6 describes the location of the incident. At times an incident may have occurred over a number of hours and shifted location. In these cases the incident location was coded with respect to where the incident began.

Overall, 66% of incidents occur on site either in the classroom or on the school grounds and 44% off site either whilst on the bus or on an outing. In 2004, incidents were less likely to occur on the bus than they were in 2002 but in general the location of incidents remained fairly consistent over time.

Table 6. Location of incidents over time

	2002	%	2003	%	2004	%	Total	%
Classroom	52	48.1	42	58.3	15	41.5	109	50.4
School Grounds	19	17.5	7	9.7	8	22.2	34	15.8
Bus	14	12.9	7	9.7	2	5.5	23	10.6
Outing	21	19.4	12	16.6	9	25.0	42	19.4
Other	2	1.8	4	5.5	2	5.5	8	3.7
Total	108		72		36		216	100

8. *Discussion.* It would have been useful to have data on the incidence of critical incidents in other special school settings in order to benchmark the results of this analysis. Students attending St Augustine's Education and Training have predominately been referred because of a history of violence and disruptive behaviour in mainstream schools and exhibit clinically significant levels of psychopathology in the areas of aggression and rule-breaking behaviour. The results found the students attending the St Helen's program on a full-time basis were a particularly disturbed group, and accounted for over half of all the incidents reported from 2002 to 2004.

Given the frequency of incidents that would be expected from the student population attending St Augustine's Education and Training, the relatively low number of incidents occurring across programs suggests that the school climate is a positive one and that programs have well developed behaviour management and crisis prevention strategies in place.

The analysis found that there was a 77% reduction in the total number of critical incidents from 2002 to 2004 following TCI training overall, with the St Helen's program showing a 25% reduction in the number occurring within this program.

Research into the effectiveness of TCI in residential out-of-home care settings in America has found reductions of a similar magnitude following training (Nunno, Holden & Leidy, 2003). It is noted that there are limitations in the research methodology used in the literature concerning residential settings and in the present study. For example the question remains whether or not the reductions in critical incidents were due to TCI's prevention, de-escalation and post response strategies or whether leadership through tighter supervision and monitoring could have produced the same reduction. Nunno et al, (2003) note that what is necessary to evaluate the impact of TCI on critical incidents in the future is an 'Interrupted Time Series Design' where pre-post change in the number of incidents follows a staggered schedule of TCI implementation across individual units or programs.

It is noted that organisational practice and program delivery at St Augustine's Education and Training is in a constant state of development and change and there were a number of other factors that may have contributed to the reduction in the number of critical incidents over time. These included the redevelopment of the St Helen's program model and the

exiting of one student that had been frequently involved in critical incidents. Within the YEP program there was also a significant change in the level of dysfunction exhibited by the students referred to the program. On an organisational level, there was also a change in senior management positions and the closer monitoring of disciplinary procedures, particularly with respect to the practice of sending students home. Other professional development programs were also provided to staff during the research period. This included training in TRIBES (Gibbs, 1995; 1998) and restorative practices⁵ (Lovell, 2000; Thorsborne & Vinegrad, 2002) both of which are also tools that can be used to facilitate a safer school climate, de-escalate student behaviour and manage critical incidents. These practices have not been implemented across the whole site but staff have adapted specific parts of these approaches to meet the needs of individual programs.

This is the first time the impact of TCI has been assessed in programs within a specialist school setting in Australia. Despite limitations to the research design and the influence of other factors such as those cited above, the findings demonstrate that performance can be significantly improved through the provision of intensive training that is customised to the workplace. It is noted that reducing critical incidents has many other benefits aside from creating a safer school climate for staff and students. These include reducing the likelihood of abuse complaints from parents and students and improving staff morale and work satisfaction and thus staff retention (Rock, 2000).

Staff reported that TCI taught them a range of new skills or reinforced their existing practices in managing conflict situations. Below are a number of quotes obtained from individual staff interviews that asked them to describe what they found most useful about implementing the TCI training curriculum.

“TCT taught me to reflect on my own thoughts and emotions when faced with a threatening situation and not to get engaged in arguments or to threaten a student with consequences when they are highly emotionally aroused. I learnt to stand back more, to let the student do the talking and to keep the focus on their feelings rather than my own.”

⁵ Two groups of staff attended the TRIBES training program in 2002 and 2003 and all staff attended a one-day training program in restorative practices in May 2003.

"Understanding the crisis cycle is very important as we often think that a student just reacts but it is important to understand what the specific triggers may be for individual students and to hear their private logic about why they reacted. Believing that incidents also represent an inability of the student to cope with their own emotions, thoughts and impulses is important too as sometimes it may feel like the student is being intentionally disruptive but I can now assess the difference between reactive and proactive aggression and to tailor my responses according."

"I found the Life Space Interviewing a really useful way to process incidents and to use critical incidents as a learning opportunity for the student to understand what was going on for them at the time and how we can work together improve how they handle that situation next time."

"TCI has been good. In the past we used to restrain the students too often and I think that made them worse. It's good now as we try and just give them the space to calm down rather than rush in or inflame the situation."

9. *Conclusion.* The TCI training system specifies five domains for successful implementation within an organisation (Nunno, Holden, Wise & Endres, 2003). These are leadership, clinical oversight, supervision, training and documentation and critical incident monitoring. Leadership involves promoting an organisational culture that values developmentally appropriate interventions and therapeutic practices above control and expediency. This requires well-resourced programs, adequate staff numbers, appropriately qualified staff, support for internal and external monitoring, and clear policies and procedures to safeguard against abusive practices. Clinical oversight involves developing individual management plans in order to respond appropriately and therapeutically to each student involved in a critical incident. Supervision involves ensuring that supervisors are highly trained in prevention, de-escalation, intervention and debriefing techniques so that effective supervision, coaching and monitoring is provided both on an individual and team basis. Training requires that staff undertake the core TCI training and yearly one-day updates and that there is an assessment of staff competency following training. Documentation is critical, and includes the documentation of staff supervision and training, and the documentation and monitoring of critical incidents. This allows the organisation to regularly review incidents and make decisions about changes in organisational practice.

In accordance with the five domains described above, St Augustine's Education and Training is engaged in ongoing strategic planning and decision-making to ensure the effective implementation of intervention approaches such as TCI, TRIBES and restorative practices. However, with limited finances and increasing costs there are three major areas of concern in maintaining the gains made from the provision of training. First, programs need to maintain sufficient staff to student ratios without reducing student numbers or the integrity of the program model of psycho-educational intervention. Second, professional development should be regularly provided at the intensity required. Third, multi-disciplinary clinical oversight should be provided, particularly between the mental health and education sectors, so that individual management plans can better address the complex needs of the students attending St Augustine's Education and Training. This oversight is critical for those students that are involved in repeated incidents. Addressing these three areas are the challenges for the future in order to maintain a high quality of service and a caring and safe workplace.

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Appendix P

Correlations between Demographic, Program and TRF and SSA measures and the Positive (POS), Negative (NEG) and Requiring further Program Intervention(RFI) Destination Groups Immediately Post-program and at Three and Six month Follow-up.

	<i>n</i>	POS, NEG & RFI immediately post-program	<i>n</i>	POS, NEG & RFI at three months follow-up	<i>n</i>	POS, NEG & RFI at six months follow-up
1. Demographic Variables						
Gender	158	.015	137	-.005	131	.015
Age	158	.048	137	-.018	131	-.129
Mother Occupation	158	.024	137	.009	131	.075
Fathers occupation	158	.123	137	-.012	131	.051
Mothers highest level of schooling	72	-.020	62	-.008	54	-.015
Fathers highest level of schooling	79	.059	72	.004	65	.241
2. TRF syndrome T-scores at referral						
Anxious depressed	96	.137	86	-.091	79	-.164
Withdrawn	96	-.018	86	.086	79	.028
Somatic	96	.182	86	.075	79	.176
Social	96	-.064	86	-.011	79	-.053
Attention	96	.178	86	-.018	79	.062
Rule breaking	96	.307**	86	-.072	79	.136
Aggression	96	.140	86	-.070	79	-.072
Internalising	96	-.084	86	-.059	79	-.017
Externalising	96	.218*	86	-.025	79	-.004
Total	96	.124	86	-.060	79	-.004
3. TRF T-scores for Adaptive Functioning at Referral						
Academic functioning	96	-.123	86	-.159	79	.247*
Working hard	96	.330**	86	-.209	79	.247*
Behaving	96	-.081	86	.129	79	.154
Learning	96	-.082	86	.128	79	.153
Happy	96	-.082	86	.129	79	.154
Total	96	-.081	86	.129	79	.154

4. SSA Sub-scales & total problems

Academic confidence	96	-.053	86	-.073	79	-.148
Organisation	96	.044	86	.056	79	.077
Persistence	96	.067	86	.091	79	.088
Getting along	96	.134	86	.167	79	.146
Emotional resilience	96	.145	86	.156	79	.121
Total score	96	.123	86	.138	79	.101

5. Program factors

Number of months in program	156	.627**	137	.408**	131	.165
Number of programs attended	156	-.128	137	-.089	131	-.033
Percentage of actual attendance	156	.655**	137	.891**	131	.324**
Number of critical incidents	156	.501**	137	.373**	131	.114

Note: ** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.01 level (2-tailed)